



Parents, Let's Unite for Kids
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<http://www.pluk.org>

Parent/Guardian CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

STUDENT'S NAME _____

BIRTHDATE _____

I hereby give permission for the mutual exchange of information and the following records of the above individual. This release is between PLUK and the following agencies and/or individuals:

School, Agency or Individuals PLUK may contact /Phone Number

ALL Records

Cumulative Records

Special Education Records

Discipline Records

Other (specify) _____

Signature _____

Date: _____

Relationship to Individual _____

Please send or fax records to PLUK

Attention _____