



Parents, Let's Unite for Kids
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Parent / Guardian Consent for Mutual Exchange of Information

Student's Name _____ **Birth Date** _____

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

Individual / School / Agency	Phone	E-Mail
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- All Records
- Discipline Records
- Cumulative Records
- Attendance Records
- Special Education Records
- Other (specify) _____

Print Your Name _____ Relationship to Individual _____

Signature _____ **Date** _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

Address _____

Please send or fax records to PLUK at 406-255-0523

Attention _____