



CENTER FOR LIFELONG LEARNING

EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

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Mary Beth Conley
Principal

Michael Kane
Vice Principal

Meena Pasupathy
Supervisor

CONSENT TO RELEASE INFORMATION

Student's Name: _____

Date of Birth: _____

I _____ give permission to The Center for Lifelong Learning to release information to:

_____ for the purpose of

I _____ give permission to Dr. _____ to release information to The Center for Lifelong learning for the purpose of:

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date: _____

Dr.'s Name _____ Phone # _____