



STUDENT RECORDS – CONFIDENTIAL INFORMATION  
RELEASE FORM

Student: \_\_\_\_\_

I give permission for the following institution or individual to release all educational records and/or confidential information available concerning my child to Heron School.  
Please forward all documents to [emilia@heronschool.com](mailto:emilia@heronschool.com).

\_\_\_\_\_  
name of institution/individual to release information

I/We understand that Heron School is a private school located in Moab, Utah. These records will be used to assist the school in creating an individualized education plan for each student. Heron School will be responsible to maintain professional confidentiality with all information provided.

\_\_\_\_\_  
parent/guardian – print and sign

\_\_\_\_\_  
date

\_\_\_\_\_  
parent/guardian – print and date

\_\_\_\_\_  
date