



Records Release for the Wellspring After-School Program 2025-2026

This form provides authorization to your child's current school to release a report card, IEP, and attendance records to Wellspring Interfaith Social Services.

STUDENT NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME OF SCHOOL: _____

Parent/Guardian Signature _____

Date _____