Authorization to Release Information Letter

Parent of	
Juvenile:	
Address:	
Telephone:	
Email:	
Date:	
South Carolina Department of Juvenile Justice (DJJ):	
As the parent of	
I am writing to formally request that you provide the documentation requested by the Horry County Schools Adult Education Program and Carolina Department of Education needed to administer the General Education Development (Diploma) test.	
As a part of my child's plan, they need to attend school and get their school equivalency diploma. The letter for permission to test asks for following information: juvenile's name, address, date of birth, name from which he/she is withdrawn and the date they became enrolled DJJ program.	r the of school
By my signature below, I am granting permission for the purpose inc and released to the above referenced agencies. I am asking that yo expedite the processing of this letter.	
Parent Signature	