



2022-2023 - Transition Programs

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Authorization for Testing**

I hereby grant permission for my son/daughter

\_\_\_\_\_

to participate in academic and vocational testing administered by Northshore Education Consortium staff in order to determine current levels of performance.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_