



A Place To Grow In Mind and Soul



**AUTHORIZATION TO RELEASE**

**STUDENT INFORMATION**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

I request that you release all information you have of an academic, social, medical and psychological nature on the above named child. I request the information be kept confidential and be used for professional reasons only.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_



Information to be release FROM:

Information to be release TO:

\_\_\_\_\_  
School or Organization

\_\_\_\_\_  
School or Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip