



Consent for Release/Obtainment of Information

Student Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____ Home Phone: _____
_____ Cell Phone: _____

I authorize St. Philip Preparatory School to communicate with and obtain information from the following party regarding the prospective student named above.

Name: _____ Address: _____
Title: _____
Phone: _____

Please select the information you would like released.

- Academic records
- Special education records
- Assessments and recommendations by the above-named person or agency
- Verbal communication
- Testing scores
- Other (please specify)

I understand that all information is confidential and cannot be released without written permission of the parent or legal guardian. I understand that my authorization will remain effective as of the date of my signature and that the information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may see the information that is to be sent, and that I may revoke my authorization and consent at any time by written, dated communication.

Parent/Guardian Signature

Date

Relationship to the Student

Date Received by School