



Authorization to Release Educational Information

Student Name: _____ D.O.B. _____

ID # used by previous institution: _____

I, hereby request and authorize Alice Blount Academy of Science and Agriculture to obtain information from _____ (name of school).

School's Address: _____

School's Phone Number: _____

School's Email Address: _____

Check the box of information requested:

- Psychological Evaluations
- Psychiatric Evaluations
- IEP
- Educational Evaluations
- Report Cards
- Progress Reports
- Behavior Logs
- Other (list):
 - _____
 - _____

All information I hereby authorize to be obtained/released from the above institution will be held strictly confidential and cannot be obtained/released without my written consent. I understand that this authorization will remain in effect until discharge.

I understand that unless otherwise limited by state or federal regulations, and except that action chosen which was based on my consent, I may withdraw this consent in writing at any time.

Parent Signature: _____ Date: _____