

Ex: Parent Authorization

SCHOOL RELEASE FORM

Student Name: _____

Birth Date: _____ **Age:** _____

Address: _____

Phone: _____

Parents/Guardians: Mother: _____

Father: _____

Address (if different) _____
(Mother)

(Father)

Home Number: _____

School: _____

Grade: _____ **G.P.A.:** _____

Principal: _____

School Phone: _____

Homeroom Teacher: _____

Counselor: _____

Parent Authorization:

I, _____, parent/guardian of _____ give
_____ permission to secure a copy of my son/daughter's school records including transcript,
test scores, IEP Plan and any information which will allow them to provide educational support.

In addition, I authorize the staff of _____ to advocate on behalf of
my above named child and to work with his/her school, its principal, counselor, specialists and teachers to provide
academic support and educational assistance. The staff has my authorization to secure class work and homework
information to further my child's progress in school. Your cooperation is appreciated.

Please forward to:

To address checked on front page

Or fax to:

(Signature - Parent/Guardian)

(Date)