Authorization for Release of Information

Student's Name: _____DOB: _____
Last First

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize _____to release and receive educational/personal information on the above named student to/from the following individuals:

_____
Name

_____
Address

_____
Phone Number

I understand that the disclosure of this information to the above individual will be made in order to assist in the academic coaching/tutoring of my child.

I understand that this consent can be revoked at any time to the extent that disclosure made in good faith has already occurred in reliance on this consent. If revocation is not received, authorization will be considered valid and shall not expire until 12 months from the date of signature.

_____ _____
Client/Parent Signature Date