

The Parish School  
2007/2008

**AUTHORIZATION FOR REQUEST AND/OR RELEASE OF INFORMATION**

Child's Full Legal Name: \_\_\_\_\_

I hereby authorize The Parish School to **REQUEST AND/OR RELEASE** information that may be helpful in providing services for my child.

Below are the persons, agencies, and schools which The Parish School may contact:

NAME	ADDRESS	TELEPHONE

**I understand any information released is strictly confidential and privileged.**

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**A copy of this document is as valid as the original.**

This release form is available for download on the school's website at [www.parishschool.org](http://www.parishschool.org).