



# Academic Community Enrichment

Private School & Enrichment Program

## Authorization of Records Release Form

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

I hereby request and authorize:

Last school of record: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

To engage in verbal and/or written communication with and release records to ACE (Academic Community Enrichment) regarding the information checked below concerning my child, \_\_\_\_\_, whose date of birth is \_\_\_\_\_.

I understand that information concerning psychiatric, psychological, medical diagnosis, drug or alcohol abuse, economic status, and educational information regarding my child will be released and/or communicated if indicated below. In addition, I understand that this information might contain information regarding my family, in addition to my child.

- |   |  |
|---|--|
| <input type="checkbox"/> Grades                   | <input type="checkbox"/> Suspensions/Expulsions  |
| <input type="checkbox"/> Test Scores              | <input type="checkbox"/> Exceptional Student Ed. |
| <input type="checkbox"/> Attendance               | <input type="checkbox"/> Discharge Summaries     |
| <input type="checkbox"/> IEP                      | <input type="checkbox"/> Developmental History   |
| <input type="checkbox"/> Section 504 Records      | <input type="checkbox"/> Social Support Services |
| <input type="checkbox"/> Academic Support         | <input type="checkbox"/> Treatment Plans         |
| <input type="checkbox"/> Psychological Evaluation |  |

I acknowledge that all information I authorize to be released or requested will be held strictly confidential and cannot be released by the recipient without additional written consent. I understand this authorization will expire one (1) year after the date signed. A copy of this authorization is valid in lieu of the original. I further understand that I may withdraw my consent in writing at any time.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_