



I hereby authorize _____ and the _____
(Name of School) (Name of District)
School District to release information from the records of _____,
(Name of Student)
_____, for the purpose of evaluating his/her academic performance.
(Birth Date)

This information to be released includes:

- Attendance Figures
- Academic Records
- Report Cards
- Standardized Test Scores
- Teacher Observations/Evaluations
- Individualized Education Plans (IEPs)

I understand that, in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that permission is limited for the purposes and to the person listed above, and will be effective from the date this document is signed through the completion of high school.

Agreement:

*I hereby authorize and request _____ to release information, both verbally
(Name of Current School)
and in writing, regarding my student to Breakthrough of Greater Philadelphia. I understand that this release is
to provide verbal and written communication in order to aid my child's education.*

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

Date



I hereby authorize Breakthrough of Greater Philadelphia to release information from the records of:

(Name of Student) (Birth Date)

to _____,
(Name of School) (Address of School)

in order to evaluate his/her academic performance and support his/her academic growth.

This information permitted to be released includes:

- Attendance Figures
- Academic Records
- Report Cards
- Standardized Test Scores
- Teacher Observations/Evaluations

I understand that, in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that permission is limited for the purposes and to the student listed above, and will be effective from the date this document is signed through the completion of high school.

Agreement:

*I hereby authorize and request _____ to release information, both verbally
(Breakthrough of Greater Philadelphia)
and in writing, regarding my student to the above mentioned school. I understand that this release is to provide
verbal and written communication in order to aid my child's education.*

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

Date