



## RELEASE OF ACADEMIC INFORMATION

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

### 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)

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

\_\_\_\_\_ Date