



Release of Information

Parents: Please complete this form and return it with your child's application.

Student first name _____ middle name _____ last name _____ date of birth _____

I authorize _____
Name of present or previous schools

to release the following information to Trident Academy

___ transcripts, teacher reports, other documents in the school file

___ psychological and other individual testing/evaluation reports

___ observations

___ individualized education plan

I authorize Trident Academy to communicate with the following persons regarding the above named student.
Please list names, addresses, and phone numbers.

Physicians:

Name Phone number

Name Phone number

Teachers, school counselors and administrators of previous schools:

Name Phone number

Name Phone number

Therapists, counselors:

Name Phone number

Name Phone number

Tutors:

Name Phone number

Name Phone number

I understand that this information is released for the purpose of an admissions request.
I hereby release Trident Academy and its employees from any or all liability for any claim arising from the use of these records by unauthorized persons gaining access to them as a result of Trident Academy complying with this authorization.

Signature _____ Date _____

Relationship to student: _____