

Request to Release Confidential Information

I hereby request and authorize Al Fatih Academy to disclose the information listed below from the scholastic records of:

Student Name: _____

Date of Birth: _____

I authorize the following records to be released:

1. all scholastic records
2. all school attendance records
3. health Examination & Immunization Records
4. all scholastic testing
5. any special education testing
6. any special education Individual Education Plan [IEP] records
7. any special programs in which s/he participated [gifted/resource]
8. discipline records
9. verbal Communication
10. any additional pertinent information

Please send the requested information to:

Name: _____

Address: _____

Phone: _____

Email: _____

I understand that the release of information may be in the form of personal communication over the telephone, electronic form, letters or documents, reproductions of originals of written material and I authorize Al Fatih Academy staff to communicate with the person identified above.

SIGNATURE: _____

Parent/Guardian Signature

_____ Date (Not required for digital signature)

Printed name of parent/guardian