



PERMISSION TO GATHER AND/OR RELEASE INFORMATION ABOUT YOUR CHILD

I, _____, hereby give my permission to have _____ gather and/or release all pertinent medical, psychological, or educational information and/or review files which pertains to: _____ . D.O.B. _____

Student Name

To/From:

1. _____
Name Phone # Address

2. _____
Name Phone # Address

3. _____
Name Phone # Address

4. _____
Name Phone # Address

5. _____
Name Phone # Address

6. _____
Name Phone # Address

It is understood that this information will be used for professional purposes only, and will be kept in the strictest confidence. I further understand that this authorization is valid for as long as the student is enrolled at the RSEC Academy, and is subject to written revocation by the client at any time.

A Copy of this shall have the same force as the original.

Signature: _____ Date of consent: _____
(Parent, Guardian, Student, or Legal Representative)