

Pinkerton Academy Guidance Department 5 Pinkerton Street Derry, NH 03038

Release of Information Authorization Form

Student Name: _____ Year of Graduation: _____ ID# _____

Address: _____ Home Phone No. (____) _____ - _____

_____ Date of Birth: _____

I, _____ am the duly authorized parent/guardian of the above student and hereby authorize Pinkerton Academy to take the follow action with regards to confidential records as indicated below: (please check the appropriate action)

___ Send to ___ Receive from ___ Exchange with

The records that authorization applies to are: (check as many as apply): ___ Full transcript: (circle grades) 9 10 11 12 ___ Attendance Records ___ Grades to date of withdrawal ___ Discipline records (if any) ___ Awards ___ Scholarships ___ Educational Evaluations ___ Psychological/Psychiatric Evaluations ___ Medical/Health Records ___ Treatment Reports/Summaries ___ Other Records (specify) _____

The Third Party to whom this release is directed: Please review cautionary note in the box below

Name of Agency/Institution: _____ Phone Number (____) _____ - _____

Address: _____

Name of contact Person (if any): _____

Purpose of Release: _____

Duration of Authorization: _____ (180 days from the date signed if not specifically indicated above)

Caution: Various federal laws protect all released records. Information received about a student should not be re- released without prior (and additional) authorization from the parent/guardian or the student of age of majority. Please forward all material to the above address and to the attention of: Office Manager

The facsimile of this form shall have the same force and authority as the original

Parent/Guardian or student (if 18 years or older) Date Signed _____ Signature of