



AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Name of Student _____ Date of Birth _____

Address _____
Street City State Zip Code

I (we), the undersigned parent(s)/legal guardian(s) of the above student, hereby authorize:

Current School _____

Address _____
Street City State Zip Code

to release copies of the following and communicate with:

Admission Office
Greene Street Friends School
5511 Greene Street
Philadelphia, PA 19144

The student is currently applying to Greene Street Friends School for the _____ school year. The specific items requested are:

- School reports, academic and discipline records, transcripts, standardized test scores, instructional support intervention and attendance records
- Psychological, psychiatric and social worker reports, if applicable
- Complete special education records: Comprehensive Evaluation reports (MDE/CER), Specialists Reports, IEP, NORA, if applicable
- Medical records, health reports

By signing this agreement, I acknowledge that I have read this authorization prior to its execution and fully understand the nature of this release. All information released will be handled with the strictest confidentiality and in compliance with federal and state regulations.

Parent Signature _____ Date _____

Parent Signature _____ Date _____