

MARDAN SCHOOL

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

We feel it is essential to maintain consistent communication with those individuals who work with and provide services for your child, i.e. physicians, psychiatrists, therapists, counselors, speech and occupational therapists, etc. Please fill out this form to allow us to maintain regular communication with them. You can update or make changes to this form at any time.

Student: _____

Date of Birth: ____ / ____ / ____

I hereby authorize Mardan School to exchange information (in writing, verbally, and/or electronically) regarding my child with the following individuals and/or agencies:

_____ Individual/Agency	_____ Relationship	(____)_____ Phone Number
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_____ Individual/Agency	_____ Relationship	(____)_____ Phone Number
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_____ Individual/Agency	_____ Relationship	(____)_____ Phone Number
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_____ Individual/Agency	_____ Relationship	(____)_____ Phone Number
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_____ Individual/Agency	_____ Relationship	(____)_____ Phone Number
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I, the undersigned parent, guardian, or student (if 18 years of age or older) understand that I have the right to review the above requested information and receive a copy of any materials forwarded.

Parent/Guardian Signature

Date

SCHOOL USE ONLY:

I certify that the information received will only be used to assist the Mardan School and will not be shared with others without signed parent/guardian authorization.

Mardan Administration Signature

Date