

Parent Authorization Form

Date _____

My name is / our names are: _____

I am / we are the parents / guardians of
_____ (student's name)

John Huie & Associates, Educational Consulting, is authorized to receive and/or release confidential information, including: educational records, psychological and educational evaluations, report cards, progress reports, transcripts, and all other pertinent information regarding
_____ (student's name)

whose date of birth is: _____

and who resides at:
_____ (street)
_____ (city, state, zip)

There | are | are not | records which I / we wish withheld. (Please circle "are" or "are not")

If there are records to be withheld, they are:

Signed and dated _____

Signed and dated _____



John Huie
& ASSOCIATES
EDUCATIONAL CONSULTANTS