



Sara Nielsen, Principal

## Authorization for Release of Information to Another School

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I hereby authorize Zion Classical Academy to send all records including: grades, health records, IEPs, social, educational or developmental information regarding the above student(s) to the following school:

School \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_