

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):

- | | |
|----------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Full transcript: (circle grades) 9 10 11 12 | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Grades to date of withdrawal | <input type="checkbox"/> Discipline records (if any) |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Educational Evaluations | <input type="checkbox"/> Psychological/Psychiatric Evaluations |
| <input type="checkbox"/> Medical/Health Records | <input type="checkbox"/> Treatment Reports/Summaries |
| <input type="checkbox"/> 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

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

Date Signed