

LEARNING PREP SCHOOL
1507 Washington Street
West Newton, MA 02465
Telephone 617-965-0764 Fax 617-527-1514

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Student: _____ DOB: _____

Address: _____

Name of Parent or Guardian: _____

Phone Number(s) _____

I hereby give permission for _____
(Outside person and title and/or agency)

(Address and phone number, fax number)

and _____ of the Learning Prep School
(Counselor)

to discuss and/or furnish written information regarding confidential and professional
information including personal, psychological, psychiatric and medical records and
opinions of _____
(Student)

This authorization will be in effect for the _____ school year. I understand that I
may withdraw this permission at any time upon my written request. I hereby release all parties
above from any liability for release of information provided in accordance with this
authorization.

Signed: _____ Date: _____
(Parent or Guardian)

Signed: _____ Date: _____
(Student 18 years of age or older)

Witness: _____ Date: _____