



Authorization for the Release of Information

Current School

Address

The parent(s) of the student listed below are applying to Falk School for their child. Please complete the attached form only at this time, or you may use your own standard form to comment.

I hereby authorize you to release to Falk School any records of medical, psychological, and/or educational relevance regarding my child, _____, who is applying for the _____ (grade/year).

This information is to be used only for professional purposes, and it will be treated in a confidential manner.

Signed

Relationship

Date