

## INFORMATION RELEASE FORM

*Please complete, sign and return this form with the application.*

**Full name of applicant:** \_\_\_\_\_

I give authorization for the following professionals to provide any pertinent and confidential information regarding my child's medical, psychological, and academic functioning with Winston Preparatory School, as part of my child's application for admissions for the 2018-2019 school year. I understand that the information requested is for professional use and will remain confidential.

School Principal/ Guidance Counselor	Name:	Phone:  Email:
Psychologist/ Therapist	Name:	Phone:  Email:
Evaluator/ Ed Consultant	Name:	Phone:  Email:
Attorney/Advocate	Name:	Phone:  Email:
Additional services not listed above	Name:	Phone:  Email:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent / Guardian (please print)