



## ***Release of Student Information***

*Authorization to allow Rock Point School to share information with and/or receive information from individuals and organizations*

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
Who is attending/will attend Rock Point School during the \_\_\_\_\_  
school year, authorize Rock Point School to receive and share all necessary  
information, including educational records, such as grade reports, transcripts, Rock  
Point School educational plans, and advising and residency reports, and other records  
pertaining to my student, such as medical and psychological records, psycho-  
educational evaluations and discharge summaries, with the students' therapists,  
psychiatrists, sending school district, educational consultants, medical doctors, and drug  
and alcohol counselor(s) or evaluators. The releasing of such information will be made  
for the purpose of providing important and necessary information to professionals or  
individuals who serve my child.

Signature of parent/guardian: \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_