



Intermediate School
And
High School
831 Eagle Avenue
Bronx, NY 10456
P: (718) 665-2760
F: (718) 665-2761

Parent or Guardian Authorization for the Release/ Reception of Confidential Material/Information between The New LIFE School and other agency

I hereby authorize the Principal of the New LIFE School or his/her designee to release/receive confidential material or other pertinent information in regards to my child by phone, fax, electronic or written communication for the period of my child's enrollment at the school.

_____ / _____
Agency/Hospital/School Counselor/Therapist/Doctor

Re: _____ /DOB _____
Name of Child

I authorize that this authorization can cover any or all of the following documentation:

- | | |
|--|--|
| <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Psycho-Educational Evaluation |
| <input type="checkbox"/> Medical/Psychiatric Evaluations | <input type="checkbox"/> Vocational Assessments |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Related Service Reports |
| <input type="checkbox"/> Case Conferences | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Academic Assessments | <input type="checkbox"/> Correspondence |
| <input type="checkbox"/> Observation Reports | <input type="checkbox"/> Transcripts |

Signature of Parent / Guardian Date

School Representative/Witness Date