The New LIFE School
Strengthening Lives, Families, Communities
Intermediate School
And
High School
831 Eagle Avenue
Bronx, NY 10456
P: (718) 665-2760
F :(718) 665-2761

PARENT/GUARDIAN AUTHORIZATION FOR THE RELEASE/RECEPTION OF CONFIDENTIAL MATERIAL/INFORMATION BETWEEN ***The New LIFE School*** AND ANOTHER AGENCY

I hereby authorize the principal of the New LIFE School or his/her designee to release/receive confidential material or other pertinent information on 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 understand that this authorization can cover any or all of the following documentation:

____ Psychological Evaluations
____ Medical/Psychiatric Evaluations
____ Social Histories
____ Case Conferences
____ Academic Assessments
____ Observation Reports

_____Psycho-educational Evaluation
_____ Vocational Assessments
_____ Related Service Reports
_____ Attendance Records
_____ Correspondence
_____ Transcript

_____ _____
Signature of Parent/Guardian Date

_____ _____
School Representative/Witness Date