

AUTHORIZATION FOR RELEASE OF INFORMATION

With the understanding and expectation that the information received by Rock Point School shall be used solely for its purposes in connection with my application and or attendance at the school, that it shall remain confidential within the administration of the School and shared only on a "need to know" basis among members of the administration or staff at the School, I hereby request, instruct and authorize:

and their official representatives, when requested to do so by representative(s) of the Rock Point School, including but not limited to Hillary Kramer, Director of Admissions, to provide copies of official documentation, or file notes or other information including or pertaining to any of the following:

- school records
- health records
- psychological/psychiatric records
- discharge summaries
- educational testing

Information may be provided verbally (including over the telephone) or in writing. The following limitations (if any) shall apply

Student Name _____

D.O.B. _____ Grade _____ Social Security # _____

Signature of Student

Date

Signature of Parent/Guardian

Date

Rock Point School
1 Rock Point
Burlington, VT 05401
PHONE: 802-863-1104
FAX: 802-863-6628