



AUTHORIZATION TO RELEASE INFORMATION

I _____, authorize The PREP School to release information regarding my child _____ to the following programs and/or individuals:

1) Individual: _____

Purpose of Disclosure: _____

Information to be disclosed: _____

2) Individual: _____

Purpose of Disclosure: _____

Information to be disclosed: _____

3) Individual: _____

Purpose of Disclosure: _____

Information to be disclosed: _____

This authorization will be in effect from _____ to _____ (time frame not to exceed twelve months).

I understand that I may revoke this authorization at any time by providing written notification to The PREP School.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Child: _____

PREP School Location: _____

This PREP School Location is Independently Owned and Operated by The PREP School of South Meadows, LLC