



Consent for Release of Confidential Information

I understand that the information described below is being supplied to or requested from only those persons, organizations or programs authorized, at my written request. I understand that the staff at Shulamith School for Girls of Brooklyn is not responsible for the uses of any secondary disclosures that may be made by the recipient of this information.

RE: _____ DOB: _____

I, _____, (_____)
(Relationship to student)

hereby authorize Shulamith School for Girls of Brooklyn (including teaching staff, administrative staff and support staff) to disclose to or receive from the following individual(s) or organization

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

information regarding the academic performance, behavior and/or the emotional functioning of my child, covering the period from _____ through _____

Signature (Parent or Guardian)

Date