

Authorization for Release of Information

Robert M. Beren Academy

11333 Cliffwood Drive Houston, Texas 77035



Student's name: _____ Birth date: _____ Current Grade _____

This will authorize _____
(name of schools and/or name(s), email, and phone number of doctors, specialists, therapists)

to release to Robert M. Beren Academy information from the records maintained at the above mentioned location(s).

The information to be disclosed includes (check all that apply to student):

- _____ Teacher Recommendations
- _____ Report Cards (from the last 2 school years)
- _____ Standardized Testing
- _____ High School Transcript (if applicable)
- _____ Psychological Testing
- _____ Educational Testing
- _____ Permission to speak to all staff regarding this student.
- _____ Any additional information RMBA may request from the school not otherwise specified.

For the purpose of *application review for admission to Robert M. Beren Academy*.

I understand that I may revoke this consent at any time and that upon fulfillment of the above stated purpose(s), this consent will automatically expire without my express revocation.

Parent or guardian signature

Date