

Prince of Peace Academy & College Preparatory New Student Release of Information Authorization

Thank you for your interest in Prince of Peace Schools.
Please complete this form and return with your New Student Enrollment Form.

Student(s) Name	Date of Birth	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize the schools listed above to release information regarding transcripts, educational programming, and behavioral services or programs for any of my children listed above to the Principal, Associate Principal and Counselor at Prince of Peace Schools.

I understand that I have the right to inspect the released information at any time. I may also revoke my consent by written notification. This authorization is valid for one year or _____; not to exceed 12 months. I will make a copy of this authorization if I so choose.

Signature

Date

Relation to Student

Witness

Date