



## HUNTERDON PREPARATORY SCHOOL

11 SPENCER LANE

ANNANDALE, NJ 08801

Phone: 908-832-7200 • Fax: 908-832-9772

www.hunterdonprep.org

### Records Release Authorization 2018/2019

Student Name: \_\_\_\_\_

It is hereby agreed that the Hunterdon Preparatory School has permission to release information related to attendance, grades, progress reports, and other pertinent information regarding the student's welfare to the following agencies and/or individuals.

***(Please write in the names and phone numbers of individuals at any agencies involved with your child in the spaces provided next to the agency name.)***

D.Y.F.S. \_\_\_\_\_ Phone # \_\_\_\_\_

Therapist \_\_\_\_\_ Phone # \_\_\_\_\_

Probation \_\_\_\_\_ Phone # \_\_\_\_\_

Crisis Intervention \_\_\_\_\_ Phone # \_\_\_\_\_

Social Service Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Other \_\_\_\_\_ Phone # \_\_\_\_\_

Other \_\_\_\_\_ Phone # \_\_\_\_\_

The purpose or need for such disclosure is to facilitate and co-ordinate helping efforts.

This information may be received or given upon request or as deemed necessary by Hunterdon Preparatory School staff or the above agencies and individuals.

This consent is subject to revocation in writing by the student's guardian at anytime except to the extent that action has already been taken based on this agreement, and will otherwise expire when the student is removed from the rolls of the Hunterdon Preparatory School.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_