



1234 Alphabet Rd.  
Gulfport, MS 39503

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www.HopeAcademyFG.org

**RELEASE OF INFORMATION FORM**

Completion of this document authorizes the disclosure and/or use of educational records. Please be sure to provide all information requested. Failure to do so may invalidate this authorization.

Name of Student: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Student Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**USE AND DISCLOSURE INFORMATION**

I hereby authorize \_\_\_\_\_ (Name of student's current school) to release all requested educational records to Hope Academy covering the period of Kindergarten through \_\_\_\_\_.

Phone Number of School: \_\_\_\_\_ Fax Number of School: \_\_\_\_\_  
\_\_\_\_\_

Include the following upon request:

\_\_\_\_ Report Cards      \_\_\_\_ Cumulative Records      \_\_\_\_ Individual Education Plan  
\_\_\_\_ Intervention Records      \_\_\_\_ Standardized Test Scores      \_\_\_\_ Discipline Records  
\_\_\_\_ Attendance Records      \_\_\_\_ Other(s) \_\_\_\_\_

**PURPOSE**

The purpose of this request is as follows:

\_\_\_\_ Scholarship consideration      \_\_\_\_ Enrollment      \_\_\_\_ Other \_\_\_\_\_

**EXPIRATION AND AUTHORIZATION**

This authorization expires one year from the date signed by custodian.

Primary Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Are there custody arrangements that may affect who may authorize this release?      Yes or No

If yes, please attach a copy of the custody agreement.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date