



## The Vanguard School

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### Permission to Release Information

In order to determine eligibility for enrollment, the Vanguard School requests permission to contact the appropriate professionals listed below to release all records pertaining to the student whose name appears below:

**Name of Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Psychologist/Psychiatrist's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Current School's Name:** \_\_\_\_\_ **Year(s) Attended:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Other:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**I hereby authorized the above named individuals/entities to release all records pertaining to my student.**

**Parent/Guardian (Please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_