



NEW WAY
ACADEMY

Requested By:

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Director of Admissions

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New Way Academy

5048 E. Oak Street
Phoenix, AZ 85008

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PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

Parents: Please fill out the first section of this form.

Present School: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

District Office: _____

Name of Student: _____ Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

In making this request, the undersigned agrees that the information received will be used only by the professional school staff assigned to work with this student in his or her educational program and will not be released to any other party without the prior written consent of the parent.

I, as the parent of the above student have given my consent to release the records of this student to New Way Academy. I am aware of my rights to review these records and receive a copy at my expense, if I so request.

Parent or Guardian Signature

Date

Requested From: _____ School District Doctor

Purpose of request:

- No information available about previous school program
- Need assistance in understanding complex behavior and needs
- Need evaluation information for immediate special education placement
- Need information to help prepare an educational program for the student
- Need verification that the student has a handicapping condition
- Considering for admission

Type of information requested:

- Permanent record data: basic identifying data, attendance data, academic data
- General cumulative data: general administrative data and results of group tests
- Health data: general medical data and reports
- Specialized student data: individual evaluation records and specialized psycho educational reports (including reports from outside agencies)
- Special education placement record: all records of placement in special education
- Official Transcripts

Director of Admissions

Date Requested