

## **Requested By:**

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## PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

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

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:	
her educational program and w written consent of the parent.	chool staff assigned to work with this student in his or /ill not be released to any other party without the prior Ident have given my consent to release the records of th
student to New Way Academy. and receive a copy at my expen	I am aware of my rights to review these records
	ise, if I so request.
Parent or Guardian Si	
Parent or Guardian Si	
Parent or Guardian Si Requested From: Purpose of request: No information available abc Need assistance in understar Need evaluation information Need information to help pre-	ignature Date Date