

RELEASE

St. Paul's Episcopal School
161 Dogwood Lane
Mobile, Alabama 36608
(251) 342-6700

Student Name: _____ Current Grade: _____

STUDENT INFORMATION RELEASE

I,(parent name), hereby authorize St. Paul's Episcopal School to release to the appropriate personnel of the school testing information on (student name). **This release form applies to this testing and any future updated testing submitted to the school.** This information may include some or all of the following:

- Psychoeducational
- Standardized (College Board: PSAT, SAT, ACT)
- Central Auditory Processing
- Speech/Language/Hearing
- Behavioral/Social/Emotional
- Medical

Purpose and need for this disclosure: Educational Program and Learning Services

This consent may be ended at any time by the parent, but ending the consent will not cancel any action that has already been taken as allowed by the form. Unless the parent wishes to cancel this consent at an earlier time, it will automatically stop upon the date and/or event indicated below:

- a. Upon graduation from St. Paul's Episcopal School
- b. Upon transferring from St. Paul's Episcopal School

This file will be destroyed within three weeks of either a. or b. It is understood that the duration of this consent will not be longer than would be necessary and reasonable to carry out the purpose for which it is given.

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Date

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Signature of Parent