



Barnstable Academy  
8 Wright Way  
Oakland, New Jersey 07436  
Tel. 201.651.0200 Fax. 201.337.9797

**CONSENT FOR THE RELEASE/OBTAIN OF INFORMATION**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Number: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

I authorize Barnstable Academy to release/obtain information to, obtain information from and communicate with:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Title: \_\_\_\_\_

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

Please select the information you would like released.

- Academic records
- Special Education records
- Assessments and recommendations by the above-named person or agency
- Verbal communication
- Testing Scores
- Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that all information is confidential and cannot be released without written permission of the parent or legal guardian. I understand that my authorization will remain effective as of the date of my signature and that the information will be handled confidentially in compliance with all applicable federal laws. I understand that I may see the information that is to be sent, and that I may revoke my authorization and consent at any time by written, dated communication.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date School Received

\_\_\_\_\_  
Relationship to the Student