



Soundview Preparatory School

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Authorization for Release of Information

NOTE TO PARENTS:

Do not return this form to Soundview Prep.

Please send it directly to your child's current school.

I hereby authorize

Name of School

Address

City

State

Zip

*to release the official transcripts, health records, test scores
and all other pertinent information about my son/daughter,*

_____, *date of birth* _____,
to Soundview Preparatory School.

Authorized by

Parent/Guardian

Date