



Release of Information Authorization Form

This form allows Everybody's Academics LLC, under the direction of Samantha Barrow, MSW, M.Ed., to communicate with other service providers regarding the educational and developmental support of the student listed below. Please complete all sections and sign at the bottom to authorize release of information.

Student Information

Student's Full Name:	
Date of Birth:	
Parent/Guardian Name:	
Phone Number:	
Email Address:	

Service Provider Information

Service Provider/Agency Name:	
Contact Person:	
Phone Number:	
Email Address:	

I authorize Everybody's Academics LLC (Samantha Barrow, MSW, M.Ed.) to release and exchange verbal and/or written information with the service provider listed above regarding the student's educational progress, developmental needs, and relevant support services. This authorization is valid for one year from the date of signature unless revoked in writing by the parent/guardian.

Parent/Guardian Signature:

Date:

Print Name:

Provider Signature:

Date:

Print Name: *Samantha Barrow*

If you have questions about this release, please contact: Samantha Barrow, MSW, M.Ed.
 Email: sbarrow@everybodysacademics.com Phone: (978) 319-9226