



Robert M. Beren Academy

Authorization for Release of Education Records Information/ Permission to Contact

Name of Student _____

Date of Birth: _____ Phone: _____

E-mail Address: _____

Mailing Address: _____

City/State/Zip: _____

1. Identify the name of the person(s)/offices that you are authorizing to disclose records information:

2. The records may be disclosed to the following (check all that apply):

Individual person (print name): _____

School official(s) responsible for admission to educational programs

3. RMBA may contact the school by phone Y/N

- a. Person of contact

Name _____

Number _____

Parent's Signature and Date