

Written Consent for Disclosure of Educational Information to Third Party

This form must be completed by each parent/guardian of the student in order to permit the release of information to a third party. Please complete and return the notarized form(s) to the school's administration. This form will not be processed until all required copies have been received.

Name of Student: _____

Date of Birth of the Student: _____

Current TCA Campus: _____

Name of Parent/Guardian: _____

Name of Third Party: _____

Third Party's Relationship to the Student: _____

I am the parent/guardian of the student listed above and hereby give my permission for The Classical Academy and any of its staff members to provide personally identifiable information from my child's education records to the Third Party listed above. This permission shall be valid until I revoke this permission in writing. I acknowledge that if my child's other parent or guardian objects to the disclosure of personally identifiable information from my child's education records, then the school will not be able to honor my request.

(Signature of Parent/Guardian)

(date)

This form is not complete unless the signature is notarized at the time of signing. The notary section below must be completed or the form is invalid.

.....
Certificate of Acknowledgement

State of _____

County of _____

This record was acknowledged before me on _____,
(date)

by, _____.
(printed name of signer)

WITNESS my hand and official seal

(Signature of Notary Public)

My Commission Expires: _____