CAPROCK ACADEMY
CHARACTER. ACCOUNTABILITY. ACADEMICS.

RELEASE OF INFORMATION

I, _____, give permission for Caprock Academy to exchange information about my child(ren) as listed below with the following person or organization: _____ for the 2025-2026 school year.

Student(s) Names:	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____
Parent/Guardian Signature Date

_____ _____
Witness Signature Date

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