



**Consent to Obtain/ Release Information**

**Student Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**I hereby authorize:** Summit Preparatory School, 1605 Danielson Road, Kalispell, MT 59901

**To release and obtain information regarding the above named student (or potential student from:**

1. \_\_\_\_\_  
(name/organization)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(phone)  
\_\_\_\_\_  
(information to be released)

3. \_\_\_\_\_  
(name/organization)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(phone)  
\_\_\_\_\_  
(information to be released)

2. \_\_\_\_\_  
(name/organization)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(phone)  
\_\_\_\_\_  
(information to be released)

4. \_\_\_\_\_  
(name/organization)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(phone)  
\_\_\_\_\_  
(information to be released)

**For the purpose of:**

1. Determining potential eligibility for admission to Summit Preparatory School
2. Assessment, planning and coordination of academic and/or counseling services
3. Other (identify): \_\_\_\_\_

**Time period:** This release will remain valid for two years from the date signed –or- three months following the end of Summit Preparatory School providing services to the student (potential student), whichever comes first, except when:

1. Expiration date is identified as follows: \_\_\_\_\_
2. Release is revoked in writing.

**Fax/Email:** Summit Preparatory School takes steps to protect the confidentiality of student specific e-mail and faxes (telefacsimile), However, a certain amount of risk remains regarding e-mail and fax communications such as (but not necessarily limited to) the receipt of an e-mail or fax by an unintended recipient. For this reason Summit Preparatory School cannot guarantee that electronic communications (e-mail and faxes) will be private and therefore is not liable for improper disclosure of confidential information unless caused by Summit Preparatory School(s) gross negligence or wanton misconduct. PLEASE INITIAL **ONE** OF THE FOLLOWING:

\_\_\_\_\_ (initial) **I AGREE** to the transmission of confidential and/or student specific information by fax or e-mail.  
\_\_\_\_\_ (initial) **I AGREE** to the transmission of student specific information by fax or e-mail **EXCEPT:**  
(specify) \_\_\_\_\_  
\_\_\_\_\_ (initial) **I DISAGREE** to the transmission of confidential and/or student specific information by fax or e-mail.

Student Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_