

Freeman Academy

748 S. Main/PO Box 1000

Freeman, SD 57029

Phone (605) 925-4237

FAX (605) 925-4271



www.freemanacademy.org

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

Student Name _____

Date of Birth _____

Social Security Number or Student Identification Number _____

Complete Address _____

Records to be Disclosed:

Complete educational file including but not limited to report cards/transcript/attendance, standardized test scores, health & immunization records, specialized reports/services.

Other:

Records Requested by Freeman Academy – address above

Records Requested From:

School _____

Address _____

Phone _____

Email _____

Freeman Academy is also granted permission to talk to the teachers and administration from the school listed above in order to understand the student better.

Parent Name (print) _____

Parent Signature _____ **Date** _____