



STUDENT AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize Dorsey Schools to release
PRINTED NAME
information concerning my academic progress, attendance, and/or financial information
to the party(ies) listed below. I understand that I am not required to allow this
information to be released; this authorization is voluntary on my part.

INFORMATION MAY BE RELEASED TO:	
_____	_____
PRINTED NAME	RELATIONSHIP TO STUDENT
_____	_____
PRINTED NAME	RELATIONSHIP TO STUDENT
_____	_____
PRINTED NAME	RELATIONSHIP TO STUDENT

Student Signature

Date