



Records Release Authorization

September _____
YEAR

To Whom it May Concern:

I authorize the release of records by fax, mail or email, regarding my child,

_____ to Merricat's Castle School.
First Middle Last

In addition, I authorize telephone contact with Merricat's Castle School's representatives (teachers, therapists and or administrators).

Sincerely,

Parent/Guardian Signature

Please Print Name of Parent/Guardian