

John C. Huie, Educational Consultant
1333 Merrimon Avenue
Asheville, NC 28804

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

Date _____

My/Our name is _____

I/We am/are the Parents/Guardians of _____
Student's Name

John C. Huie, Ph. D., Educational Consultant, is authorized to receive and/or release confidential information, including: educational records, psychological and educational evaluations, report cards, progress reports, transcripts and all other pertinent information regarding _____

whose date of birth is _____.

and who resides at _____
street

city, state, zip

Please circle "are" or "are not" below.

There are are not records which I / we wish withheld. If there are records to be withheld, they are:

Signed and Dated _____

Signed and Dated _____

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STUDENT PROFILE

Date _____

Check those that apply:

- Day School Boarding School College
- Wilderness Program Emotional Growth School
- Testing Needed _____

Student's Name _____

Date of Birth _____ Age _____

Social Security Number _____

Home Address _____

Phone _____ Fax _____ E-mail _____

School Now Attending _____

School Address _____

School Phone _____ Fax _____ Email _____

Who has legal custody? _____

Names and Ages of Brothers / Sisters (indicate if they are stepbrothers or stepsisters)

Name _____	Age _____	School _____
Name _____	Age _____	School _____
Name _____	Age _____	School _____
Name _____	Age _____	School _____

School History (List School Name, Ages Attended, Dates, Location, Private or Public)

Kindergarten _____

Grade School _____

Middle School _____

High School(s) _____

List any grades skipped _____ List any grades repeated _____

What kind of testing has the student had? List test scores and dates of testing.

- SSAT _____
- PSAT _____
- SAT I _____
- SAT II _____
- PACT _____
- ACT _____

Transcript(s) _____ Enclosed _____ Being Sent _____

Present Grade _____ GPA Cumulative _____

Number of Students in Grade _____