

Educational Consultant
Member IECA
13333 Merrimon Avenue
Asheville, NC 28804
www.johnhuie.com



PARENT AUTHORIZATION FORM

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 _____



