



PO Box 11688, Jackson, TN 38308 | 888-560-0774 | Fax: 901-384-0731
records@homelifeacademy.com

Authorization to Disclose Information To _____

I voluntarily authorize and request disclosure (including paper, oral and electronic interchange) of the following information to the above named party(ies) by HomeLife Academy.

- Any & all records on file
- Student name / date of birth(DOB) / grade level / enrollment status
- Transcripts
- Testing Scores (ACT/SAT/PSAT and received records)
- Course Titles / Course Texts/Resources / Course Notes / Grades / Credits
- Portfolio
- Independent Education Plan (IEP) or equivalent
- Immunization records/exemptions
- Health records
- Records of Payments
- Family contact information
- Records from previous school(s)
- Other (please specify)

For:

- All students
 - Specific student(s): (Full name(s) / DOB)
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SIGN: _____ Date: ____ / ____ / 20____