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## RELEASE OF INFORMATION

I authorize the release and exchange of information (written or oral) between:

\_\_\_\_\_  
**Name of Person, Agency or Organization**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number(s)**

**AND**

**PHILLIPS Programs ~ 11230 Waples Mill Road, Suite 100, Fairfax, VA 22030**

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**In regard to:**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

**This consent will be in effect as long as the student is enrolled at PHILLIPS.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Student**

\*If a Release of Information is already on file, a new one does not need to be completed unless the person, agency or organization listed has changed.