

Authorization to Release Information

To:

I/We hereby authorize and instruct you to copy, allow inspection of and/or release any and all records, documents, correspondence and information, whether considered confidential, privileged or otherwise, in your custody or control, including all loan applications, tax returns, financial information, account records, Department of Motor Vehicle records and credit information, to Valley Torah High School, its agents and credit reporting agencies.

I/We waive all rights of confidentiality and release the above party from any and all liability for providing the requested information and for following these instructions.

_____ Mother's Signature	_____ Father's Signature
_____ Print Name	_____ Print Name
_____ Social Security Number	_____ Social Security Number
_____ Driver's License State	_____ Driver's License State

Authorization to Release Information

To:

I/We hereby authorize and instruct you to copy, allow inspection of and/or release any and all records, documents, correspondence and information, whether considered confidential, privileged or otherwise, in your custody or control, including all loan applications, tax returns, financial information, account records, Department of Motor Vehicle records and credit information, to Valley Torah High School, its agents and credit reporting agencies.

I/We waive all rights of confidentiality and release the above party from any and all liability for providing the requested information and for following these instructions.

_____ Mother's Signature	_____ Father's Signature
_____ Print Name	_____ Print Name
_____ Social Security Number	_____ Social Security Number
_____ Driver's License State	_____ Driver's License State

Instructions: Complete both parts of this form. **Return to VTHS** with a photocopy of each parents' Drivers License and Social Security Card.