

Park City Independent

STUDENT DATA RELEASE FORM

Park City Independent: Admissions 8860 E. Chaparral Road, Suite 100 Scottsdale, AZ 85250 Phone: 888-866-4989 Fax: 866-436-0244

Email: admissions@edgenuity.com www.parkcityindependent.com

| From: | | | | | |
|---|-----------------|------------|-------------------|-------------------|---|
| Student's Name | | Age Date o | | of birth | Return this form via link below or fax to: 866-436-0244 |
| Permanent Street Address | | | Phone | | |
| City | State | Zip | | | |
| The following individuals/organizations are authorized to receive information regarding the student's school and educational data from Park City Independent: | | | | | |
| Person(s) Authorized to Receive Your Information | | | | | |
| Name | | | | Name | |
| Address | | | | Address | |
| City | State | Zip | | City | State Zip |
| Relationship to Student | | | Relationship to S | Student | |
| | | | | | |
| Person(s) Authorized to Receive | Your Informatio | n | | | |
| Name | | | | Name | |
| Address | | | | Address | |
| City | State | Zip | | City | State Zip |
| Relationship to Student | | | | Relationship to S | Student |
| | | | | | |
| Student Signature | | | | | |
| Date | | | | | |
| | | | | | |
| | | | | | |
| Guardian Signature (May sign for student if student is a dependent) Date | | | | | |
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