

THE ACADEMIC INSTITUTE, INC.
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This disclosure document serves as consent for exchange of information regarding a student with whom we are working. This authorization shall remain in effect until the termination of services by either The Academic Institute, Inc. or the person who has signed below. A photocopy or facsimile of this authorization shall be as valid as the original. The Academic Institute welcomes an exchange of information regarding any academic concerns and in general an open relationship that would benefit the student. If you have any questions, please feel free to call or fax us. We look forward to working with you.

Sherrill O'Shaughnessy, Executive Director

CONSENT FOR EXCHANGE OF INFORMATION

Name _____

Birthday _____ Grade _____

School _____

Counselor _____

School District _____

Other _____

I hereby authorize the exchange of information regarding the above named pupil between THE ACADEMIC INSTITUTE, Inc. and the staff of the above mentioned school district and/or professional for the purpose of educational coordination.

Parent/Guardian Signature _____

Relationship to Pupil _____

Student Signature _____