



Educational Reference Release

Catalyst High School
2575 Park Lane, Suite 100, Lafayette, CO 80026
Ph. (303) 604-6512 F. (303) 604-6523

I hereby authorize (School representative or School name) _____

to provide orally, in writing, by fax or as otherwise requested, information regarding the following individual: (Name of student) _____

to

Catalyst High School.

This information includes, but is not limited to, knowledge regarding this student's social, educational, intellectual, and/or emotional behavior and/or current situation. This includes test results, records and any other relevant materials that may assist Catalyst High School in its efforts to help evaluate this individual's needs.

Thank you for your cooperation.

Signed,

(Signature of parent, guardian or student if 18 or over)

(Please print name here)

This release is valid for one year commencing: ____ / ____ / ____
(Today's Date)

Name of Reference: _____

Relationship to Student: _____

Address: _____

Phone: _____ Fax: _____