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# Authorization for Academic Information

One of our missions at Education Without Walls is to help students achieve their academic goals. As a part of this effort, we like to be regular contact with the school your student attends. By signing this form, you are authorizing the school to share academic progress of your student.

## ▼ Student's Authorization

I, (Student's Name):

Authorize (check one):    **New Hanover Schools**    **Pender Schools**    **Brunswick Schools**    **Other:**

to disclose protected information to Education Without Walls. Protected information may include grades, school attendance, promotion or retention of grade level, graduation, and number of suspension (if any) for the purpose of tracking outcomes associated with participating in programming with Education Without Walls.

I, (Student's Name):

Authorize Education Without Walls to disclose protected information to: (check one):

**New Hanover Schools**    **Pender Schools**    **Brunswick Schools**    **Other:**

Protected information may include participation in Education Without Walls programming and productive ways to best support student. I understand that I may revoke this consent in writing at any time and that in any event this consent expires automatically as follows:

## ▼ Parent / Guardian Authorization

Parent / Guardian initials:

Date consent expires:

2028

Parent / Guardian Signature:

Date: