



SETON SCHOOL

"Let His Will of the present moment be the first rule of our daily life and work..."—Saint Elizabeth Ann Seton

9314 MAPLE STREET MANASSAS, VA 20110-5118, (703)368-3220

Parent/Guardian Authorization for Exchange of Information

Student's Name: _____ Date of Birth: _____

I hereby authorize: _____

Address: _____

Phone: _____ Email: _____

(Insert provider name, address, telephone number and email address)

to exchange health and/or education information/records of my child named:

_____, with

**Patrick Geary,
Head of Guidance
Seton School
9314 Maple St.
Manassas, VA 20110
pgeary@setonschool.net
(703) 368-9555**

and for Patrick Geary, Head of Guidance, to exchange information with the above provider and relevant Seton School teachers.

Authorization

I understand I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize educational information/records, once received by the school, may become education records protected by the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99 as amended).

Parent/Guardian Signature

Date