



Release of Information

I hereby authorize:

Name of School or Other Institution

Address

City

State

Zip

To release all school records and grades, test results, written evaluations, and attendance records, and educational plans to:

Horizons Tutoring
23841 N Oasis Blvd Florence AZ 85132
info@horizontutor.com
www.horizontutor.com
480-436-3883

Name of Student (please print)

Date

Student of Signature (if over 12 yrs of age)

Date

Parent Signature

Graduation Year