



# Release of Information

I hereby authorize:

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Name of School or Other Institution

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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@horizonstutor.com](mailto:info@horizonstutor.com)  
[www.horizonstutor.com](http://www.horizonstutor.com)  
480-436-3883

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Name of Student (please print)

Date

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Student of Signature (if over 12 yrs of age)

Date

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Parent Signature

Graduation Year