



Attorney Release of Information Form

I hereby give my permission to The Gillen Brewer School to release all of my child's education records, attendance records, enrollment contracts, and tuition payment information to the attorney, law firm or legal service organization identified below. I also authorize said legal representative to communicate with The Gillen Brewer School and its employees about all aspects of legal proceedings concerning funding for my child's tuition, including, but not limited to, the negotiations and terms of any settlement of those proceedings. Furthermore, I authorize said legal representative to provide The Gillen Brewer School with any documents concerning those proceedings (e.g. Stipulation of Settlement, hearing decisions, transcripts of hearings, impartial hearing requests, etc.).

Child's Name: _____

Child's Date of Birth: _____

Attorney's Name: _____

Firm's Name: _____

Firm's Address: _____

Firm's Phone Number: _____

Attorney's Email Address: _____

Parent/Guardian's Signature: _____ Date: _____

Print Name: _____

Relationship to Applicant: _____