



**PHILLIPS School ~ Fairfax**  
**11230 Waples Mill Road, Suite 100**  
**Fairfax, VA 22030**  
**Phone 703-591-1146**  
**Fax 703-591-1148**

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**RELEASE OF INFORMATION**

I authorize the release and exchange of information between:

\_\_\_\_\_  
Name of Person, Agency or Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number(s)

**AND**

**PHILLIPS School ~ Fairfax, 11230 Waples Mill Road, Suite 100, Fairfax, Virginia 22030**

In regard to:

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

**INFORMATION TO BE RELEASED (Please check the desired information to be provided):**

This consent is valid for ONE year, until the date of \_\_\_\_\_ or when consent is revoked in writing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Student