

Pathways School of Excellence

Release and Exchange of Information Form

Pathways School of Excellence considers and regards all written documents obtained to verify a disability and process this application as confidential. However, it may be necessary for our staff to exchange some information about the applicant with the Southeastern University faculty and staff in order to process this application. This exchange will occur only with your written permission, as given in this document below.

Applicant Name _____ SS# _____

I, on behalf of myself or as a parent or guardian on behalf of the applicant, agree, as part of the application process, to waive any right to access all submitted applicant recommendation forms. Additionally, I hereby give permission for Pathways School of Excellence to use the applicant's photograph and/or quotes and videotapes of the applicant for public relations and/or training purposes. I am aware that the applicant is seeking admission to a program funded by student tuition and possible state and/or federal educational funding and that aggregate data (data about entire group) from this program will be collected and disseminated.

Student Signature _____ Date _____

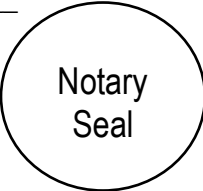
Parent/Guardian _____ Date _____

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by

Printed/Stamped Name

Signature of Notary Public



Personally Known

Produced Identification Type: _____