

SloanAcademics

Every child's success is different.

Contact Permission Form

Student's name _____

School name _____

Teacher(s)'s name(s) _____

Parent's name (Please print) _____

Parent's signature _____ Date _____

Staff signature _____ Date _____

I authorize my child's teacher(s), principal, or guidance counselors to share relevant academic information with the staff at Sloan Academics. I also authorize Sloan Academics to share relevant information with the school staff. I understand this information is confidential between the school staff, the parents, and the staff of Sloan Academics and will be used solely for evaluating and/or tutoring the student. I also understand I can revoke or change my permission at any time. This permission is valid for the academic year including the date above.

I do not authorize sharing of information with the following: _____

FOR OFFICE USE ONLY

School Fax number _____

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