



**John Adams Virtual School**  
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# Authorization Form

**Please type in the required fields and then print & sign the form.**

Name (printed) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

**I hereby authorize the John Adams Virtual School to release any and all information pertaining to me to** \_\_\_\_\_

\_\_\_\_\_ **or any of his/her/its legal representatives.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_