

Chancellor Academy

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Kevin McNaught / Executive Director • Christopher Pagano / Director

Authorization for Release of Information

Date: _____

I hereby authorize the staff of Chancellor Academy to both share and receive information from

_____ concerning my son/daughter, _____,

Name of Parent

Name of Student

Signature of Parent

Signature of Student

Contact Name: _____

Title: _____

Address: _____

Phone #: _____

Business Office

7 Industrial Road • Unit 203-A • Pequannock, New Jersey 07444

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