



**Peake
Childhood
Center**

Peake Childhood Center
1306 Thomas Street
Hampton, VA 23669

P (757) 825-6200
E info@dcdc.org

Authorization for Release of School Records

I hereby authorize Peake Childhood Center staff to release my child's records and communicate about all relevant information that may be useful for admissions and educational planning concerning my child. I understand this will be a confidential communication to the extent permitted by law for this purpose.

Date: _____

Child's Full Name: _____

Child's Birthday: _____

Parent/Guardian Name (Print): _____

Parent /Guardian Signature: _____