

## **Release of Confidential Information**

Student's FULL name:	School:	
Grade:	Birth date:	City/ZIP:
Address:		City/ZIP:
Ctadont roolado man_		
Home/Work phone:		
Inf	box: formation may be obtained from the following formation may be released to the following tame and address of individual and/or agence	ndividual or agency.
Germa to rele	euidelines concerning the right to confidention entown Municipal School District ease my medical, psychological, and/or edu entown Municipal School District	Other (listed above) cational records to:
(check all that apply) studer verbal above state	nt's previous special education and/or servi medical, speech, language, and audio lo communication between appropriate Gern	gical assessments. nantown Municipal School District personnel and
release which has bee constitute a breach of shall expire: within	en made prior to my revocation and which \	n at any time; however, I also understand that any was made in reliance upon this authorization shall not this authorization prior to such time, this authorization ondition of expiration)
(If the client is under a parent or guardian.)		by consent. by the court, this release must be signed by the client's
Signature of parent/le	gal guardian, or client age 18 or older:	
		Date:
		Date
Signature(s) of Docur	nent Witnesses:	
		Date:
		Date: