

WEST HARTFORD PUBLIC SCHOOLS

AUTHORIZATION FOR RELEASE OF INFORMATION FORM

(Please write in the name of the **West Hartford Public School** the student will be attending below).

Permission is hereby given to West Hartford Public Schools to release to you and/or receive information from you regarding:

STUDENT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ GRADE _____

TOWN _____ STATE _____ ZIP _____

REASON FOR REQUEST: _____

PERMANENT RECORD INFORMATION: _____

HEALTH RECORD INFORMATION: _____

PSYCHOLOGICAL REPORTS: _____

OTHER (EXPLAIN) _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PREVIOUS SCHOOL NAME: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone# _____ Fax# _____