

BARNSTABLE PUBLIC SCHOOLS

Release of Confidential Information

I, _____ of _____
Parent/Guardian Address

hereby authorize the Barnstable Public Schools to exchange, obtain, and/or disclose information that is contained in the medical, educational, and/or personal record of my child:

Child's Name Date of Birth Grade

with/from/to:

Name of Agency

Address

Name and Title of Person Requesting Information

The purpose or need for such disclosure is to facilitate:

- an educational evaluation
- the development of educational/behavioral strategies
- an appropriate placement
- other

I understand that this information will be shared among persons involved in the education of my child.

This consent may be revoked by me at any time except to the extent that action has already been taken to comply with it. Without my express revocation, this consent will automatically expire in 12 months.

Parent/Guardian

Date