

## School Administrative Unit #24

Districts of

Stoddard      Henniker      Weare      John Stark

### **PERMISSION TO RELEASE/GATHER/SHARE INFORMATION**

**Student:**

**Date:**

**DOB:**

**School:**

**Grade:**

**Parent/Guardian:**

**Teacher:**

**Address:**

**Parent Phone:**

#### **Information to be shared between:**

Agency/School/Individual:

Address:

Telephone:

Fax:

Contact:

**AND**

Agency/School/Individual:

Address:

Telephone:

Fax:

Contact:

#### **The following information will be exchanged/shared:**

- |                                                    |                                                    |                                              |
|----------------------------------------------------|----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Cumulative School Records | <input type="checkbox"/> Guidance Records          | <input type="checkbox"/> Educational Records |
| <input type="checkbox"/> Medical/Health Records    | <input type="checkbox"/> Special Education Records |                                              |
| <input type="checkbox"/> Other:                    |                                                    |                                              |

#### **Reason for request:**

I understand that I have the right to review the information listed above before signing this release, and I further understand that I may obtain a copy of this information. I understand that a copy of this document will be retained in the school record and is valid for one year from the date of consent unless otherwise specified. A copy of this permission shall have the same force as the original.

- ☐ I give permission for the release of information
- ☐ I do not give permission for the release of information.
- ☐ I give permission for telephone contact.
- ☐ I do not give permission for telephone contact.

Signature:

Date:

*Circle One:* Parent/Guardian/Adult Student/Surrogate Parent