

VOLUNTOWN ELEMENTARY SCHOOL

P.O. Box 129
Voluntown, Connecticut

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

RE: _____

AGE: _____

BIRTH DATE: _____

NEW ADDRESS: _____

I hereby give Voluntown Elementary School permission to send a copy of all records (cumulative, confidential, health, special education, etc.) relating to the above named student to:

NAME OF SCHOOL OR AGENCY: _____

ADDRESS: _____

Parent/Guardian Signature

Date