

# 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).

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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# \_\_\_\_\_