



Consent Form for Exchange of Confidential Information

Student's Name: _____
(List all names this student has used.)

Date of Birth: _____

I hereby authorize the exchange of any educational, psycho-social, legal, or medical records regarding the above-named student between Franklin Pierce Schools and the service providers listed below (physicians, psychologists, schools, hospitals, agencies, clinics, etc.) that have had significant contact with this student.

I certify that I am the parent or legal guardian of the above-named student and have the authority to sign this release.

Parent Name (Please Print) Address

Signature City State Zip Code

Date Phone

Name/Agency	Address