

**Authorization For Release of Information**

Darien High School 80 High School Lane Darien, CT 06820  
Telephone: 203-655-3981 Fax: 203-655-3864

Darien High School is authorized to release information from the student record files of:

\_\_\_\_\_ Class of \_\_\_\_\_ Graduated Yes \_\_\_\_\_ No \_\_\_\_\_  
Legal Name of Person

\_\_\_\_\_  
Current Mailing Address of Person

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Check The Information For Release**

\_\_\_\_\_ Any or all information requested and/or deemed appropriate by Darien school authorities

\_\_\_\_\_ Official Transcript

\_\_\_\_\_ Permanent record and/or information on grades, test scores, courses taken

\_\_\_\_\_ Attendance records \_\_\_\_\_ Teacher ratings and/or comments

\_\_\_\_\_ Health records \_\_\_\_\_ Activities records

\_\_\_\_\_ Counselor written recommendation and/or comments

\_\_\_\_\_ Other (specify): \_\_\_\_\_

**To Whom We Are Authorized To Release Information**

Recipient \_\_\_\_\_  
Complete Name and Title of Recipient

\_\_\_\_\_  
Complete Address of Recipient

\_\_\_\_\_  
Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature (If Student is under 18) \_\_\_\_\_ Date \_\_\_\_\_

List additional recipients on reverse side of this form

**Do not write in this space – for the Guidance Department only**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Forwarded

\_\_\_\_\_  
Darien High School Authority

**Recipient**

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**Name of Recipient**

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**Address of Recipient**

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**Name of Recipient**

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**Address of Recipient**