



Marion Cross School

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Shawn Gonyaw, *Principal*
Greg Bagnato, *Coordinator of Student Services*

PARENTAL AUTHORIZATION TO RELEASE STUDENT INFORMATION

I, _____, authorize the exchange of information
(printed name)

regarding the student listed below and the providers listed below:

Student's Name:	
Birth Date:	

Provider	Address and Phone Number

List all schools, physicians, psychologists, hospitals, clinics, day care centers, etc. that have a significant contact with your child.

I understand that the information that is shared will be that which will be relevant to my student's development and educational program. I also understand that this information is confidential and will not be released without my permission, except as listed above. I further certify that I am the parent or legal guardian of the above named child and have the authority to sign this release.

Signature Date