



# Public Schools of the Tarrytowns

**Pupil Personnel Services**- District Registration Office K-12

Arlene Lloréns-Sosa- District Registrar

Scott Dorn- Assistant Superintendent of Pupil Services

## **AUTHORIZATION OF RELEASE**

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of parent/guardian Student's name and date of birth

consent to, \_\_\_\_\_  
School, agency, or clinic releasing information

\_\_\_\_\_, \_\_\_\_\_  
Phone number Fax number

To release any records and information requested or required by the staff of the Public Schools of the Tarrytowns.

### **Requested Records:**

\_\_\_ **Medical**

\_\_\_ **Educational**

\_\_\_ **Psychological/Psychiatric**

\_\_\_ **Special Education**

\_\_\_ **Grades/Qualifications**

\_\_\_ **Other relevant school/agency records**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**