



1 Marauder Boulevard
New York Mills, NY 13417

(315) 768-8124
FAX (315) 768-3397

Release of Information

Student's Name _____

Date of Birth _____

In regard to the above-named student, I authorize the New York Mills School District to obtain information from and release information to the following:

This information includes medical, psychiatric, psychological, educational, and other pertinent data.

Parent/Guardian's Name (Print) _____

Parent/Guardian's Signature _____

Date _____

This authorization expires one year from date of signature