



BARNSTABLE PUBLIC SCHOOLS

Release of Confidential Information

I, _____ of _____
Parent/Guardian Address

hereby authorize the Barnstable Public School (identified below) and the agency (identified below), to exchange, share, and/or disclose information that is contained in educational, medical, and/or treatment records of my child:

_____	_____	_____
Child's Name	Date of Birth	Grade
_____	_____	_____
Name of School	Name of Agency	
_____	_____	_____
Address	Address	
_____	_____	_____
Phone	Phone	
_____	_____	_____
Email/Fax	Email/Fax	

The purpose or need for such disclosure is to facilitate:

- _____ an educational evaluation (Transcript)
- _____ the development of educational/behavioral strategies
- _____ an appropriate placement
- _____ other (_____)

I understand that this information will be shared among persons involved in the education of my child.

This consent may be revoked by me at any time. **Without my express revocation, this consent will automatically expire in 12 months.**

Parent/Guardian Signature Date