



## 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

The purpose or need for such disclosure is to facilitate:

- \_\_\_\_\_ an educational evaluation
- \_\_\_\_\_ 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