



Confidential Release of Student Information

Student's Name: _____ **Date of birth:** _____

I give the Somers Central School District staff noted below permission to discuss and exchange all pertinent information regarding my son/daughter with the person or agency below. I understand that the purpose of this release is to better support my child's educational interests. I also understand that this confidential release may be rescinded upon written request.

Somers CSD staff member(s)

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Person or Agency: _____

Phone: _____ **Fax:** _____

Additional notes: _____
