SOMERS
Central School District
Forward in Excellence

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 identified 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 I also understand that this confidential release may be rescinded upon written request.

Person or Agency: _____

Phone: _____ **Fax**: _____

Information may be communication to the following Somers CSD staff member(s)

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date**: _____

Additional notes: _____

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