



## REGISTRAR RELEASE OF INFORMATION CONSENT 2026-2027

Date: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_ Grade: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: only one required:

\_\_\_\_\_

I/we the parent(s)/guardian(s) of the above named student grant permission to Carroll School to allow the following person(s) to perform services for the benefit of our child, further to share and/or release specific relevant information regarding our child which includes the exchange of information between school personnel and the person(s) named below, both written and verbal, which may otherwise be protected as privileged or confidential.

*Check only permissions you are giving:*

- ☐ *release progress reports, report cards, testing, and evals relevant to my child.*
- ☐ *observation of my child by an approved representative.*
- ☐ *complete and release relevant/requested teacher assessment forms*
- ☐ *communication including conversations with outside service providers*

NAME of EVALUATOR/DOCTOR (provide whatever information is available)

NAME \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Purpose: check any that apply-

☐ Evaluation ☐ Consultation ☐ IEP Development ☐ Transition ☐ SLP

☐ Other (please clarify) \_\_\_\_\_

RETURN RELEASE TO:

UPPER and MIDDLE SCHOOLS [MTEIXEIRA@CARROLLSCHOOL.ORG](mailto:MTEIXEIRA@CARROLLSCHOOL.ORG)

LOWER SCHOOL [LKUZMICZ@CARROLLSCHOOL.ORG](mailto:LKUZMICZ@CARROLLSCHOOL.ORG)