



Release of Information and Open Communication

Name: _____ D.O.B. _____

Current School: _____ Grade: ____ Parent/Guardian: _____

School Address: _____

School Phone number: _____ School Fax number: _____

Send to Receive from Exchange with Verbal Exchange

By signing this document, I am giving Center School Staff permission to exchange information with my child's current school which is named above.

Information to be released:

- Administrative Records (e.g. name, address, birth date, grade level, class standing and attendance)
- Standardized Achievement Test Scores
- Intelligence and Aptitude Test Scores
- Interest Test Scores
- Teacher and Counselor Observation and Ratings
- Record of Extracurricular Activities
- Special Education Records (IEP, Evaluation Report, etc.)
- All of the above as appropriate
- Other _____
Specify

I give my permission for information and records to be shared between the Hopkinton Public Schools, and the above mentioned person, agency or district.

Parent/Guardian

Date

Student's Signature (if 18 or older)

Date