

EMBED MSPhotoEd.3

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HYPERLINK "http://www.stpetersliberty.org" www.stpetersliberty.org

PARENT/GUARDIAN CONSENT & REQUEST FOR RECORDS
RELEASE

I, _____ parent/guardian of

DOB: _____ give

my permission for St. Peter's Regional School and the persons/agencies listed below to communicate, share, exchange and release to each other my child's privileged, confidential records and information. This includes when applicable, education and special education records, reports, assessments, health (i.e. medical, neurological, surgical, OT, PT, speech), psychological, psychiatric and psychosocial reports and records, out of school placement, probation status etc.

(Person/Agency Name)

(Person/Agency Name)

(Street Address)

(Street Address)

(State, Zip)

(State, Zip)

(Phone Number)

(Phone Number)

The purpose of this release of information is:

(Parent/Guardian Signature)

(Date)

St. Peter's Regional School
Changing the World, One Student at a Time