



**Voluntown Public School**  
**195 Main Street**  
**Voluntown, Connecticut 06384**  
**Tel: (860) 376-4720 Fax: (860) 376-6690**

**Dr. Lloyd A. Johnson, Ph. D.**  
**Director of Student Support Services**

### Authorization to Release, Obtain, and/or Exchange Information

Date: \_\_\_\_\_ Student's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City,)

(State)

(Zip Code)

I hereby authorize: Voluntown Public Schools

To **Obtain from**     **Release** to and/or     **Exchange** the specific information and/or records identified below to:

Name : \_\_\_\_\_

Name of Agency/Company : \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City,)

(State)

(Zip Code)

(Phone)

This disclosure is being made for the following purpose(s):

- Educational Planning
- School Related Health Information
- Further Medical Information Needs
- At the Request of an Individual
- Other \_\_\_\_\_

**Information to be Released:**

- Official Student Academic/Admin Rpt.
- Special Education & Related Evaluations Reports
- Current IEP and Eligibility
- Psychological Reports
- Phone Consultation
- Appropriate Agency Reports
- Progress Notes
- School Health Records
- Initial intake & progress notes
- Other \_\_\_\_\_
- Social Work Report
- Staff Observations
- Additional Medical History
- Discharge Summary

**Please check the following to indicate understanding of this authorization:**

- Takes effect the day I sign it and cannot exceed one year from this date of this signature
- Can be stopped any time by sending a written request to Voluntown Public Schools, Director of Student Support Services

**I further understand (please check the following to indicate understanding):**

- I may refuse to sign this authorization and it will not affect my child's ability to receive educational services
- The laws that protect the information identified on this release, in some situations, may allow or require this entity to redisclose this information, but only as permitted by law
- A photostatic copy of this authorization shall be considered as effective and valid as the original, and
- I will receive a copy of this authorization.

Signature: \_\_\_\_\_  
 Parent/guardian/ legal representative or student

Date: \_\_\_\_\_  
 (mm/dd/yy)