

**NORWELL MIDDLE SCHOOL**  
**1100 E US 224**  
**OSSIAN, IN 46777**

**RELEASE OF INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student lives with (name) \_\_\_\_\_ (relationship) \_\_\_\_\_

at Address(street) \_\_\_\_\_ (city,state,zip) \_\_\_\_\_

School where presently enrolled \_\_\_\_\_ Current Grade \_\_\_\_\_

Address of school \_\_\_\_\_

For the purposes of providing the most appropriate instruction and assistance in school, I do hereby give permission for a mutual exchange of academic information, psychoeducational evaluations and/or medical evaluations for the above mentioned student, between **Norwell Middle School** and the following:

\_\_\_\_\_  
(Hospital, School Corporation/School, Agency)

\_\_\_\_\_  
(Physician's Name, Principal, Contact Person)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature of person giving consent) \_\_\_\_\_ (relationship)

Date signed: \_\_\_\_\_

This consent to release information is valid for 180 days from the date of signature unless revoked earlier by the client.

ANY SPECIAL COMMENTS OR INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_