

**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: _____

