

Release of Information

NORWELL HIGH SCHOOL
1100 E US 224
OSSIAN, IN 46777

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 High 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 date of signature unless revoked earlier by the client.

ANY SPECIAL COMMENTS OR INSTRUCTIONS:

