



Authorization for Release of Information

Name of child: _____ Grade: _____

I, _____ (guardian) hereby give permission to the Town of Blue Hill to (check all that apply):

- Obtain Information Release Information Exchange Information

With the following:

Person or Agency: _____

Address: _____

State & Zip: _____

Phone Number: _____

Regarding information that would be prevalent in providing a safe, positive, and enriching recreational and social environment. Records that may be discussed include special education, evaluations, IEP, discipline records, behavior intervention plans, and any psychological records.

It is understood that this authorization may be withdrawn at any time by the youth's parent(s) or legal guardian. This authorization automatically expires one year from date documented below. I further understand that the agency or person listed above can request a copy of the document.

Signature of Authorized Person _____

Date _____