

**SOUTH PORTLAND SCHOOL DEPARTMENT
130 WESCOTT ROAD
SOUTH PORTLAND MAINE**

**AUTHORIZATION FOR RELEASE OF INFORMATION
TO/FROM
SOUTH PORTLAND SCHOOL DEPARTMENT**

I, _____ do hereby request and authorize
(parent or guardian name)

South Portland School Department to obtain/,furnish ,from,/to

(name and address of agency, hospital ,physician)

information concerning _____

(name of child)

for the purpose of _____

Note: this release is valid only for the purpose stated. South Portland School Department must obtain my written authorization before releasing any further information to any other agency

I do hereby release South Portland School Department and this agency/physician from all liability and all claims pertaining to the disclosure of this information when used as authorized.
I understand that my consent is voluntary and may be revoked at any time.

Date: _____ Signature of client, parent, guardian _____

Date: _____ Witness: _____

Contact Person (s):

OR CALL:

ph# _____ fax _____

(family educational rights and privacy act(FERPA))

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