

Joel Barlow High School

Serving the Towns of Easton and Redding, Connecticut
Dedicated to Academic Excellence and Moral Leadership

Authorization for Release of Information

Written parental consent must be obtained before personally identifiable and/or other confidential information regarding a student is disclosed to anyone other than the appropriate staff or the school district, or before the school district can obtain this information from another agency.

Please sign the release below indicating your consent for the following information to be released and/or obtained.

School or Parent

Check item	Document	Parent Signature
	Psychological report(s)	
	Psychiatric report(s)	
	Educational Evaluation(s)	
	Medical report(s)	
	Speech / Language report(s)	
	Individualized Educational Plan (I.E.P.)	
	Evaluation(s) from outside agency	
	Progress Reports	
	Home / school correspondence	
	Other (specify):	
	All of the above	

I give permission to Patricia Roszko, Director of Special Education Services, and Joel Barlow High

School, to communicate with _____
 (individual, professional, school or agency)

and to exchange the above information in the confidential records pertaining to my child:

 (child's name)

Please provide below the name, address and tel/fax # of the school, agency, or professional with whom you authorize Patricia Roszko and/or Joel Barlow High School to communicate:

Name: _____

Address: _____

Tel/Fax: _____

 Parent/Guardian Date: _____