

COLCHESTER SCHOOL DISTRICT
PERMISSION FOR RELEASE OF INFORMATION

Permission for release of information is requested for the following student:

This information is related to the following:

_____ Special Education referral

_____ Section 504 referral

_____ EST referral

_____ Health History information for a nursing care plan

The parent/guardian or student (18 years or older) grants permission for a two-way exchange of information between the following individuals:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

And the Colchester School District personnel listed below:

Name	Title	Telephone
_____	_____	_____
_____	_____	_____

Authorizing Signature Date

School Representative's Signature Date