



NEW BEDFORD PUBLIC SCHOOLS

PAUL RODRIGUES ADMINISTRATION BUILDING
455 COUNTY STREET
NEW BEDFORD, MASSACHUSETTS 02740
www.newbedfordschools.org

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"We are committed to developing a community of learners who are academically proficient, demonstrate strong character and exhibit self-confidence."

AUTHORIZATION TO RELEASE INFORMATION

Please Print Legibly

Date: _____

I hereby authorize and grant permission to:

New Bedford Public Schools
(Name)

455 County St., New Bedford, MA 02740
(Address)

to communicate and exchange documentation, records, and other information pertaining to:

(Name of Student) _____
(Date of Birth) _____
(School)

with the following individual(s), provider(s), agency, facility:

(Name, address and phone number of individual, provider, agency, or facility)

I understand that the information to be shared and released includes, but may not be limited to, the following:

- | | | | |
|-------------------------------------|---------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Evaluation Reports | <input type="checkbox"/> | Discipline Records |
| <input checked="" type="checkbox"/> | Special Education Records | <input type="checkbox"/> | Assessment Results |
| <input type="checkbox"/> | Attendance Records | <input type="checkbox"/> | Case Note Summaries |
| <input type="checkbox"/> | Teacher Reports | <input type="checkbox"/> | Regular Education Records |
| <input type="checkbox"/> | Medical Records | <input type="checkbox"/> | Other (Please specify below) |

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

It is understood that a photocopy of this request shall be considered as valid as an original.