

Darien Public Schools • Administrative Offices
P.O. Box 1167 • Darien, Connecticut 06820-1167 • Tel. 203-656-7469

I give permission to the Darien Public Schools to ☐ release ☐ receive (please check) the following

Information about my child, _____ to/from:

Release to:	Name of Child	Received from:	Date of Birth
_____	_____	_____	_____
Specific Party		Specific Party	
_____		_____	
Agency		Agency	
_____		_____	
Address		Address	
_____		_____	
City • State • Zip Code		City • State • Zip Code	
_____		_____	
Phone	E-mail	Phone	E-mail

- ☐ Issue to Parents copies of the following confidential documents
☐ Send the following confidential documents to the above referenced
☐ Discuss the following confidential documents with: Darien Board of Education
P. O. Box 1167
Darien, Connecticut 06820
Attn: _____

Please check documents / information you wish to be released:

- | | |
|---|--|
| <input type="checkbox"/> Evaluations from Outside Agencies, Schools | <input type="checkbox"/> Educational Evaluations |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Speech-Language Eval |
| <input type="checkbox"/> Feeding & Swallowing | <input type="checkbox"/> OT Evaluation |
| <input type="checkbox"/> Individual Education Programs (IEP) | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Audiological |
| <input type="checkbox"/> Special Education Progress Reports | <input type="checkbox"/> Psychological Evaluations |
| <input type="checkbox"/> Report Cards | <input type="checkbox"/> School Transcript |
| <input type="checkbox"/> Other: _____ | |

Reason for Release: _____

Parent Signature or student over age 18

Date

This release is valid for one year from the date signed unless otherwise indicated