



DERBY PUBLIC SCHOOLS

35 Fifth Street, Derby, Connecticut 06418

Consent for Mutual Exchange of Information

Date _____

Student's Name _____

D.O.B. _____ Grade _____

I hereby authorize the mutual exchange of records regarding the above-named child between the School District and the following: (list all schools, physician, psychologists, hospitals, clinics, etc., that have had significant contact with your child). **Please provide the Name of your child's previous school along with the name of a School contact and email address:**

School Name (Print): _____

School Contact (Print): _____

School Contact Email: _____

I certify that I am the parent or legal guardian of the above-named child or that I am the student of majority age and have the authority to sign this release.

Signature

Address

City *State* *Zip*