WELLESLEY PUBLIC SCHOOLS

40 Kingsbury Street • Wellesley • Massachusetts 02481 781-446-6210

OFFICE OF STUDENT SERVICES

LORI V. CIMENO Director of Student Services

GREG BEAUPRE High School Special Education Department Head

MIMI FEERICK Middle School Special Education Department Head

MICHAEL MCINTYRE
Out-of-District Coordinator

Signature



JULIE MUSE-FISHER Special Education Coordinator

KRISTEN STACY
K-5 Special Education Department Head

REBECCA ZIEMINSKI
Director of Early Childhood Education

	RELEASE OF CONFIDENTIAL IN			ΓIAL INFORM <i>A</i>	ATION		
Student	information:						
	Name:						
	Grade:		DOB:	/ /		Parent(s):	
	Address:						
	Phone:						
Party or	r agency #1:						
	Agency: Wellesley Public Schools						
	School/Departme	ent:	Office of	Student S	ervices		
	Address: 40 Kingsbury Street, Wellesley, MA 02481						
	Phone:	781-446	6-6210 X56	629			
	Contact Person:	Shanna N	Macauda, S	SLP Sprag	gue Elementary	School, macaudas	@wellesleyps.org
Party or	r agency #2:						
	Agency/Party Na	ame:					
	Address:						
	Phone:						
	Contact Person:						
Informa	ation to include:						
	☐ Records☐ Communica☐ Other	tion (oral	and writte	en)			
I give m	y permission for t	the releas	e of confid	lential info	ormation to and	from the above li	sted parties.

Date

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Relationship to Student		
•		
Signature of Child if over 18	Date	