Seymour Public Schools

Seymour CT, 06483

Written Parent/Guardian Consent

Transfer of Confidential Information

I hereby request the Public Schools to release and/or obtain the following confidential information regarding my child.

Student Name: _____ DOB:_____

Address: _____ Phone: _____

Check all that apply:

	Obtain	*Release*		*Obtain*	*Release*
Psychological	☐	☐	Medical	☐	☐
Psychiatric	☐	☐	IEP/504	☐	☐
Learning Disability	☐	☐	PPT Minutes	☐	☐
Speech/Language	☐	☐	Other	☐	☐

To/From:

_____

Name Phone Number

_____

Street City State Zip Code

_____ _____

Signature of Parent/Guardian Date