



WESTWOOD PUBLIC SCHOOLS

220 Nabatan Street, Westwood, MA 02090

Emily J. Parks, Ed.M
Superintendent of Schools

Abigail C. Hanscom, Ed.M, MSW, CAGS
Director of Student Services

Authorization for Release and Exchange of Information

Student Name: _____

Date of Birth: _____ Grade: _____ Age: _____

I hereby give permission and authorize Westwood Public Schools to disclose and receive information from the person and/or organization listed below for the purpose of case coordination and academic planning.

Name of Person and/or Organization: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

I understand that this authorization will remain in effect unless otherwise revoked in writing.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student if 18 or Older: _____ Date: _____