

WESTWOOD PUBLIC SCHOOLS  
STUDENT SERVICES DEPARTMENT

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Student Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

I authorize the Westwood Public Schools to share information with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To share information with the Westwood Public Schools.

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**This release is valid for one year from date of signature**