

HAMPDEN-WILBRAHAM REGIONAL SCHOOL DISTRICT

**621 Main St. Wilbraham, MA 01095
phone: 413-596-3884 fax: 413-599-1328**

AUTHORIZATION FOR RELEASE OF INFORMATION

Student: _____ Date of Birth: _____ Phone: _____

Address: _____
Street Town State Zip

Parent/Guardian: _____

Address, if different from above:

To release information to and/or receive information from:

Name: _____
Address: _____

Name: _____
Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Please forward all original school records, as indicated below, as soon as possible. These records will be utilized by professional personnel within the HWRSD to aid in the development of the student's educational program.

- _____ Transfer Record
- _____ SASID Number (MA Only)
- _____ Individualized Education Plan (IEP)
- _____ Academic Records
- _____ Other: _____
- _____ Attendance and Discipline Records
- _____ Standardized Testing Reports
- _____ Consultation

The above records are to be sent to:

- Mile Tree Elementary School
625 Main St. Wilbraham, MA 01095
phone: 413-596-6921 fax: 413-596-9319
- Green Meadows Elementary School
38 North Rd. Hampden, MA 01036
phone: 413-566-3263 fax: 413-566-2089
- Thornton W. Burgess Middle School
85 Wilbraham Rd. Hampden, MA 01036
phone: 413-566-8950 fax: 413-566-2163
- Minnechaug Regional High School
621 Main St. Wilbraham, MA 01095
phone: 413-599-1556 fax: 413-596-5043
- Stony Hill Elementary School
675 Stony Hill Rd. Wilbraham, MA 01095
phone: 413-599-1950 fax: 413-596-4497
- Soule Road Elementary School
300 Soule Rd. Wilbraham, MA 01095
phone: 413-596-9311 fax: 413-599-1742
- Wilbraham Middle School
466 Stony Hill Rd. Wilbraham, MA 01095
phone: 413-596-9061 fax: 413-596-9382

I understand that I may revoke this consent at any time, except where information has already been released. The authorization extends one (1) year from the date signed.

Signature of Parent/Guardian Relationship to Student Date

Signature of Student Age 18 or older Date