Manchester Public Schools 45 North School Street Manchester, Connecticut 06042

Written Consent for Transfer of Confidential Information

Contact Name	To	Telephone Number			
School/Business Name	Fa	Fax Number			
Address					
Town, State Zip					
I hereby authorize confidential inform			ols (MPS) to receive and	or release the	following
Student Name		 -	Date of Birth	School Attending	
Telephone Number		Home Address			
	MPS <u>Receive</u>	MPS <u>Release</u>		MPS <u>Receive</u>	MPS <u>Release</u>
Educational Cumulative Health Discipline Attendance Other (specify)			IEP/504 Social Work Speech/Language Psychological Psychiatric		
The confidential information requested herein should be received and/or released by:					
Name			Title		
School/Business Name Mailing Address					
Telephone Number			Fax Number		
Parent/Guardian Signature Date					