

**Newburyport Public Schools  
Authorization for Release of Information**

I hereby authorize:

\_\_\_\_\_  
(Teacher/Counselor/Administrator/Nurse/etc.)

Of:

Edward G. Molin Upper Elementary School  
70 Low St.  
Newburyport, MA 01950

Office: 978-463-8212

Fax: 978-463-3280

And

\_\_\_\_\_  
Name of Third Party, School, or Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

To release all pertinent information and/or freely communicate concerning my son/daughter:

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Student's date of birth

\_\_\_\_\_  
Present Year in School

Information should be limited to:

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

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

\_\_\_\_\_  
Date