

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

I hereby authorize:

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

Of:

Rupert A. Nock Middle School  
70 Low St.  
Newburyport, MA 01950

Phone: 978-465-4447

Fax: 978-465-4074

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