

PERMISSION FOR RELEASE OF INFORMATION

Chicken Coop School
at The Farm School
120 Wheeler Pond Rd.
Orange, MA 01364

TO THE PARENT/GUARDIAN:

Please submit this signed form to your child's school.

Student's Name _____

Address _____

Name of school _____

Address _____

Phone _____

Primary Teacher _____

“I hereby grant permission to the above named individual or institution to forward written evaluations and records for my child to The Chicken Coop School. In addition, I grant permission for the individual named above to provide verbal information about my child’s development to a representative of The Chicken Coop School.”

Parent/Guardian Signature _____

Date _____

TO THE RECEIVING SCHOOL:

Upon receipt of this signed release, please forward any written evaluations, testing, and/or transcripts in your records to The Chicken Coop School at the address above.

Please give the child’s teacher a copy of this form, and let them know that they may be contacted for further information by a representative of The Chicken Coop School. If no written evaluations are available, please call the teacher of The Chicken Coop School to furnish developmental information about the child named on this form.