

# Franklin Public Schools

Office of Student Services  
355 East Central Street, Suite 3  
Franklin, Massachusetts 02038

Telephone: (508) 553-4811

FAX: (508) 553-4897

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## Release of Information

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No. \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

- ☐ I authorize permission for *Franklin Public Schools personnel* to engage in verbal conversations with and to release and exchange information and records with

\_\_\_\_\_.

For purposes of: \_\_\_\_\_

Contact Information for Provider/Agency:

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_  
Date