



# Marion Cross School

22 Church Street, Norwich, VT 05055

Phone: 8002-649-1703

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Shawn Gonyaw

*Principal*

## PARENTAL AUTHORIZATION TO RELEASE STUDENT INFORMATION

Student's Name:	
Birth Date:	

I authorize the exchange of information regarding \_\_\_\_\_  
(student name)

between the Marion Cross School and:

Name	Address and Phone Number

List all schools, physicians, psychologists, hospitals, clinics, day care centers, etc. that have a significant contact with your child.

I understand that the information that is shared will be that which will be relevant to my student's development and educational program. I also understand that this information is confidential and will not be released without my permission, except as listed above. I further certify that I am the parent or legal guardian of the above named child and have the authority to sign this release.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date