Winchester Public Schools
Special Education Department
40 Samoset Rd.
Winchester, MA 01890

Release of Information
Consent to Communicate

I,_____ give my consent to:

the Winchester Public Schools

to exchange oral and written information with:

_____
Individual's Name/Organization/School Contact Phone or Email

_____
Individual's Name/Organization/School Contact Phone or Email

_____
Individual's Name/Organization/School Contact Phone or Email

_____
Individual's Name/Organization/School Contact Phone or Email

information pertaining to:

Student's Name:
DOB:
School:
Grade:

This information shall include, but is not limited to developmental/educational history and written assessments, psychological and psychiatric written assessments and treatment information, social/home written assessments; speech/language written assessments; learning/aptitude and intelligence written assessments; medical testing evaluations and treatment.

Signature: _____ Date:_____

Relationship to Student: _____

_____