

LEWISTON-PORTER CENTRAL SCHOOL DISTRICT
4061 Creek Road, Youngstown, New York 14174

AUTHORIZATION FOR THE RELEASE AND EXCHANGE OF INFORMATION

Re: _____

DOB: _____

DATE: _____

Permission is hereby given to _____,
(Name)

_____ of the Lewiston-Porter Central

School District and to _____
(Name of agency or doctor, etc.)

(Address of agency or doctor, etc.)

to release and exchange psychological, medical and social information concerning

my child, _____.

It is understood that the LEWISTON-PORTER CENTRAL SCHOOL DISTRICT, 4061 Creek Road,
Youngstown, New York 14174, is released from all legal responsibility which may arise from this act.

Signature of Parent or Guardian

WITNESS: _____

Date: _____