

**Newburyport Public Schools
Authorization for Release of Information**

I hereby authorize:

(Teacher/Counselor/Administrator/Nurse/etc.)

Of:

Newburyport High School
241 High St.
Newburyport, MA 01950

Office: (978)-465-4440 Ext: 5012/5015
Fax: 978-465-2666

And

Name of Third Party, School, or Organization

Address

City, State, Zip code

Telephone

Fax

To release all pertinent information and/or freely communicate concerning my son/daughter:

Name of Student

Student's date of birth

Present Year in School

Information should be limited to:

Signature of Guardian/Parent

Date