

**EAST WINDSOR PUBLIC SCHOOLS**  
**AUTHORIZATON FOR RELEASE OF INFORMATION**

Date: \_\_\_\_\_

The East Windsor Public Schools, East Windsor, Connecticut, are hereby authorized to release any Academic, Medical, Social, or Psychological information on:

\_\_\_\_\_  
(Name of Child)

TO

\_\_\_\_\_  
\*(Print Name)

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
(Parent/Guardian)

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**In addition to the above, this release allows the person listed above to be added to your child's Contact Database, which includes access to attendance, report cards, scheduling, discipline records, and parent portal access.**

\_\_\_\_\_  
(Parent/Guardian)