



SWAMPSCOTT PUBLIC SCHOOLS

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RELEASE OF INFORMATION

Parental permission is required to allow the sharing of confidential information, records or assessments between the special education department and outside agencies, evaluators, therapist or others directly involved with a student.

Name of Student:
School:
Address:
Home Phone:

D.O.B.:
Grade:

Type of Information (check all that apply)

- verbal exchange
- written records
- test reports
- other (specify) _____

Unless otherwise stated, a mutual exchange of information between the parties listed below is assumed. Such information will be subject to any conditions stated here:

Release from or to: Student Support Services
Swampscott Public Schools
207 Forest Avenue
Swampscott, MA 01907

Release from or to:

Signed: _____
(parent, legal guardian, or eligible student)

The Swampscott Public Schools does not discriminate or tolerate harassment against students, parents/guardians, employees or the general public. No person shall be excluded from or discriminated against in admission to the Swampscott Public Schools, or in obtaining the advantages, privileges and courses of study of the Swampscott Public Schools on grounds of race, color, religious creed, national origin, sex, gender identity, sexual orientation, age, genetic information, ancestry, children, marital or civic union status, veteran status or membership in the armed services, receiving of public assistance, homeless, or handicap.