



**St. John  
Paul II School**

### Release of Confidential Information

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

Parent/guardian full name

Student full name

Home Address

give permission for

**Please print name and contact information for Education Professional or Specialist**

to communicate and share information regarding my child with the Special Education Coordinator, and/or administrators. I understand that the Special Education Coordinator, or administrators will share the information received with the staff and administration of the public school district in which we reside, and the Barnstable Public Schools for the purpose of educational evaluation and development of an educational plan.

Parent/Guardian printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

This release shall expire in 12 months unless revoked at an earlier date.