

# Lenox Public Schools Health Offices

**Lenox Memorial Middle High School**  
197 East Street  
Lenox, MA 01240  
Telephone: (413) 637-5560 / Fax: (413) 637-5531

**Morris School**  
129 West Street  
Lenox, MA 01240  
Telephone: (413) 637-5570 / Fax: (413) 637-0087

## RELEASE OF CONFIDENTIAL INFORMATION

I \_\_\_\_\_ of \_\_\_\_\_  
Parent/Guardian Address  
\_\_\_\_\_  
City State/Zip

hereby authorize \_\_\_\_\_ to  exchange,  obtain, and/or  disclose all information about my child:

\_\_\_\_\_  
Student's Name

with,  from,  to:

\_\_\_\_\_  
Name of Agency  
\_\_\_\_\_  
Name and/or Title  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip Code

The purpose or need for such disclosure is to facilitate:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature\* Date

\*This form may be signed by a student or former student of fourteen years of age or older, or a student in the ninth grade or higher, or a parent or guardian.

This authorization is good for a period of 12 months.