

Authorization For Release of Information

Darien High School 80 High School Lane Darien, CT 06820
Telephone: 203-655-3981 Fax: 203-655-3864

Darien High School is authorized to release information from the student record files of:

_____ Class of _____ Graduated Yes _____ No _____
Legal Name of Person

Current Mailing Address of Person

_____ City _____ State _____ Zip _____ Telephone Number _____

Check The Information For Release

- _____ Any or all information requested and/or deemed appropriate by Darien school authorities
- _____ Permanent record and/or information on grades, test scores, courses taken
- _____ Attendance records _____ Teacher ratings and/or comments
- _____ Health records _____ Activities records
- _____ Counselor written recommendation and/or comments
- _____ Other (specify): _____

To Whom We Are Authorized To Release Information

Recipient

Complete Name and Title of Recipient

Complete Address of Recipient

Student's Signature _____ Date _____ Parent's Signature (If Student is under 18) _____ Date _____

List additional recipients on reverse side of this form

Do not write in this space – for the Guidance Department only

Date Received _____ Date Forwarded _____ Darien High School Authority _____

Recipient

Name of Recipient

Address of Recipient

Recipient

Name of Recipient

Address of Recipient

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