

**Warren Township Schools**  
**DEPARTMENT OF STUDENT PERSONNEL SERVICES**  
 213 Mount Horeb Road, Warren, NJ 07059 Phone: 908-753-5300 Fax: 732-560-8801

**CONSENT FOR RELEASE AND/OR EXCHANGE OF INFORMATION**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Yr./Mo.)

I hereby authorize the release and/or exchange of information regarding the above named child between Warren Township Schools and:

\_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number:	Fax Number
e-mail:	Comments:

The information released shall be:

- |  |  |
|--|--|
| <input type="checkbox"/> Special Services Assessments/IEP<br><input type="checkbox"/> Psychological<br><input type="checkbox"/> Clinical reports<br><input type="checkbox"/> Medical _____ | <input type="checkbox"/> Educational Evaluation<br><input type="checkbox"/> Social History<br><input type="checkbox"/> Other _____ |
|--|--|

The reason for this authorization is to provide information to assist in assessment of student for special education.

**VALID UNTIL**  
  
**1 year from date**

\_\_\_\_\_  
**Signed** **Date**

\_\_\_\_\_  
**Relationship to Student**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City** **State** **Zip Code**

A copy of these reports may be obtained by the parent/guardian upon written request at the expense of the person making the request. Information received by Warren Township Schools will be placed in the student's record and will be available for inspection and review in accordance with the Family Education Rights and Privacy Act of 1974. Information sent by the Warren Township Schools may not be shared by any other party without the written consent of the parent/guardian or the student if the student is 18 years old or older.

PLEASE MAIL TO:

Warren Township Schools  
 Department of Student Personnel Services  
 213 Mount Horeb Road  
 Warren, NJ 07059