

HASTINGS SCHOOL DISTRICT
27 Farragut Avenue
Hastings on Hudson, New York 10706

RELEASE TO EXCHANGE CONFIDENTIAL INFORMATION

I hereby authorize you to exchange all pertinent and confidential information regarding:

Student's Name: _____

Student's DOB: _____

The information may be exchanged with:

Agency/Name: _____

Agency Address: _____

This release has been authorized by:

Signed: _____

Relationship: _____

Date: _____