

**HASTINGS-ON-HUDSON
UNION FREE SCHOOL DISTRICT
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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: _____ **Print:** _____

Relationship: _____

Date: _____