



## RELEASE OF INFORMATION

**PARENTS:** Please complete the information below and deliver this form, along with the application for admission

Re: Authorization for release of student information for \_\_\_\_\_ currently enrolled  
name of student  
at \_\_\_\_\_ .  
name of school

This is to authorize the release of information to Oak Meadow School for the above-named student, and to authorize Oak Meadow School personnel to speak to the student's current teachers, or other professionals, if necessary.

I understand this information will be used solely for the purpose of supporting the learning and educational experience of my child. I understand I am under no obligation to grant such approval, but that the sharing of the specific information will be beneficial to my child.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:** Leslie Grossman, Director of Admission  
Oak Meadow School  
2 Old Pickard Lane  
Littleton, MA 01460  
FAX: (978) 486-3269