



RELEASE OF INFORMATION

PARENTS: Please complete the information below and deliver this form, along with the appropriate Teacher Evaluation form(s), to your child's current school or daycare.

To: _____
name of student's current school

Re: Authorization for release of student information for _____
name of student

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: _____

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