

KENNETT HIGH SCHOOL

409 Eagles Way

N. Conway, NH 03860

Telephone: (603) 356-4343 – Fax: (603) 356-4391

Release of Information

I, _____, give permission to share pertinent
(parent/guardian)
Information by verbal exchange or written documentation for

_____ with the following providers:
(name of student)

_____	_____
_____	_____
_____	_____

I understand that this information will be limited to that which will support my education.

Any specific limitations are noted in the space below.

The authorization shall remain in effect until one year from today. You have the right to revoke this authorization at any time, in writing, by sending such written notification to Kennett High School and will start the day of receipt.

_____	_____
Parent signature	Date
_____	_____
Student signature	Date
_____	_____
Guidance Counselor signature	Date