

AMHERST, PELHAM, and AMHERST REGIONAL PUBLIC SCHOOLS

STUDENT SERVICES OFFICE

170 Chestnut Street, Amherst, Massachusetts 01002

Phone (413) 362-1833, 1834

Facsimile (413) 549-9834

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_

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

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

To release information to:  
**Please identify the specific staff and/or school**

To request information from:  
**Please identify the specific staff and/or school**

Including the District Ombudsperson

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**Please note any information that you do NOT want released (verbally or in writing) TO or FROM the Ombudsperson:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Unless limitations are noted above, I understand that the Ombudsperson and School Personnel will share confidential student information about my child.

I also understand that I may revoke this consent at any time, except where information has already been released. Information can be continually be updated until this authorization expires one year from \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if client is a minor)      Relationship to Client      Date  
or Signature of Student (if over 18)