

# SCHOOLS TO KNOW

363 Shaker Road Canterbury, NH 03224

I/we give permission to: \_\_\_\_\_

(School, diagnostician, psychotherapist)

to release to Schools To Know information concerning

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Student)

Information request:

- \_\_\_\_\_ Report card
- \_\_\_\_\_ Transcript
- \_\_\_\_\_ Diagnostic testing report
- \_\_\_\_\_ Psychological evaluation
- \_\_\_\_\_ Recommendations
- \_\_\_\_\_ \_\_\_\_\_

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) above) may be used as a duplicate original and may be deemed to be the equivalent of the original.