



SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT

86 Powder Mill Road, Southwick, MA 01077
Phone (413) 569-5391 FAX (413) 569-1711
www.stgrsd.org

Jennifer C. Willard
Superintendent
of Schools

Jenny L. Sullivan
Assistant Superintendent of
Curriculum and Instruction

Clayton L. Connor
Director of
Finance and Operations

Robin L. Gunn
Director of
Student Services

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____ **DOB:** _____ **Grade:** _____

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Woodland School

80 Powder Mill Road
Southwick, MA 01077
Phone: (413) 569-6598 / Fax: (413) 569-1721

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Powder Mill School

94 Powder Mill Road
Southwick, MA 01077
Phone: (413) 569-5951 / Fax: (413) 569-1710

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Southwick Regional School/Guidance Office

93 Feeding Hills Road
Southwick, MA 01077
Phone: (413) 569-6171 / Fax: (413) 569-4109

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Special Education Office

63 Feeding Hills Road
Southwick, MA 01077
Phone: (413) 569-0111 / Fax: (413) 569-1724

☐

Student is coming into the district

☐

Student is leaving the district

**The Southwick-Tolland-Granville Regional School District is hereby authorized
to release information to and/or receive information from:**

Current Address:

Future Address:

Specific information to be released in writing or by verbal conversation is as follows:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Birth Certificate

Academic Records

Health Records

Attendance

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Discipline Records

Special Education Records (Including IEP and Evaluations)

504 and/or DCAP

Other: _____

I understand that I may revoke this consent at any time, except where information has already been released.

The authorization extends one (1) year from the date signed and approval is granted.

I also agree that a photocopy of this authorization is as valid as the original.

Printed Name of Parent/Legal Guardian

Date

Relationship to Student

Signature of parent/legal guardian, If student is a minor