



**Nantucket Public Schools**  
**10 Surfside Road**  
**Nantucket, MA 02554**  
**508-228-7285 (P)**  
**508-325-5318 (F)**

**Release of Information Request**

I, the undersigned, authorize the release of information in the form of educationally pertinent documents, conversations, and other communications regarding my child/legal charge:

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

From: Nantucket Public Schools

To: \_\_\_\_\_

AND To: Nantucket Public Schools

And From: \_\_\_\_\_

For the purpose of facilitating the evaluation of the above student and all subsequent delivery of counseling.

**Our Schools:**

Nantucket Elementary School  
Nantucket Intermediate School  
Cyrus Peirce Middle School  
Nantucket High School

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Principal Name

\_\_\_\_\_  
Parent/Guardian Signature    Date

\_\_\_\_\_  
Principal Signature                      Date

CONFIDENTIALITY: All information will be treated in strictest confidence. Information will not be communicated to any individual in the employ of the Nantucket Public Schools unless it is pertinent to the person's participation in delivering the services provided for the student's counseling.