

Northeast Education Advocacy, LLC

Consent to Release Confidential Information

Name of Parent/Guardian: _____

Home Address: _____

Student's Name: _____ DOB: _____

By my signature below, I grant permission for the agency named below to release the listed information for my child to **Northeast Education Advocacy, LLC** and its representative, Joanne Prague Doyle.

School Name: _____

School District: _____

Information to Be Released

Check all that Apply:

- _____ Administrative Records (to include report cards, disciplinary records, attendance records, standardized test results, Seclusion and Restraint records)
- _____ 504 Records and Evaluations
- _____ All Special Education Records and Evaluations
- _____ General Medical/Health Records (record of visits to school Health Office)

Client Signature: _____ Date: _____

Records to be Released to:

Joanne Prague Doyle
Northeast Education Advocacy
5 Hennequin Road
Columbia, CT 06237

Please call with any questions or concerns at 860-604-8872