



**NORWOOD PUBLIC SCHOOLS**

ADMINISTRATIVE OFFICES • JAMES R. SAVAGE EDUCATIONAL CENTER

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VOICE/TTY - Use Phone Relay



**JAMES HAYDEN**  
Superintendent of Schools

**JOYCE ONISCHEWSKI**  
Director of Student Services

**RELEASE OF INFORMATION**

I hereby give my permission to the following Norwood Public Schools personnel:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

to exchange information regarding:

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

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

Date of Birth: \_\_\_\_\_

with the following outside providers:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

for the purpose of \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date