

# Lebanon Public Schools

891 EXETER ROAD, LEBANON, CONNECTICUT 06249-1731  
Tel. (860) 642-7795 Fax. (860) 642-4589

## WRITTEN PARENT CONSENT TRANSFER OF CONFIDENTIAL INFORMATION

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

Lyman Memorial High School

\_\_\_\_\_  
(School Address)

917 Exeter Rd.

\_\_\_\_\_  
Lebanon, CT 06249

I hereby request the Lebanon Public Schools, to release and/or obtain the following confidential information regarding my child: \_\_\_\_\_

Telephone	Student Name	Address
	D.O.B.	School
	<u>Obtain</u>	<u>Obtain</u>
	<u>Release</u>	<u>Release</u>
Psychological/Cognitive	_____	I.E.P. _____
Psychiatric	_____	Medical _____
Achievement	_____	Other _____

To/From: \_\_\_\_\_

Name

Title

Address

City

State

Zip Code

Signature of Parent/Guardian

Date

*The Lebanon Board of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons and equal access to Boy Scouts of America and other designated youth groups. The Lebanon Board of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws.*