



Public School Outreach

One Mackworth Island, Falmouth, ME 04105
(207) 781-6215
(207) 781-6220 Fax

www.mecdhh.org

Authorization for Release of Information

I, _____, the parent/guardian
of _____ DOB _____ authorize the following agency/people
to release/share information about my child with MECDHH/The Governor Baxter School for the
Deaf.

(Please print agency /service provider name(s) & phone number below.)

Agency/Name/Phone # _____

I understand that my child's records are protected under the FERPA law of confidentiality and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance to it, and that in any event this consent expires automatically one year from date of signature.

Name of Parent/Legal Guardian authorizing release of information

(Signature)

(Print Name)

Date