

TOWNSHIP OF UNION SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned does hereby release and discharge the Board of Education of Union, Union County, New Jersey and all of its agents, servants, employees, members, and consultants from any liability of any type, and hereby authorizes the said Board of Education, its agents, servants, employees, and consultants to release/or obtain information and/or records concerning:

a pupil (or former pupil) enrolled in the schools operated and administered by the Board of Education of Union.

The Board of Education, its agents, servants, employees, or consultants, are hereby authorized and requested to release to or obtain from:

all records or information requested, whether of a medical, psychiatric, or psychological nature.

If this RELEASE is not being executed by a pupil who has attained legal majority, the person executing same represents that he/she is a parent, guardian, or other person having control of the pupil, and agrees to indemnify the said Board of Education, its agents, servants, employees, members, or consultants against any liability that may accrue to them for releasing the records authorized to be released by this instrument.

SIGNATURE

SIGNATURE

Sworn and subscribed before me this

_____ day of

_____, 20_____.