



MEMORIAL MIDDLE SCHOOL

Anthony A. Hrivnak

Principal

81 Central Ave., Hull, Massachusetts 02045

Phone: (781) 925-2040 Fax: (781) 925-8002

ahrivnak@town.hull.ma.us



AUTHORIZATION TO RELEASE/REQUEST INFORMATION

Student Name: _____

Date of Birth: _____ Grade: _____

Address: _____

Parent/Guardian: _____

I authorize personnel from the Hull Public Schools to release to / request from:

Agency: _____

Contact Person: _____

Address: _____

Phone/Fax: _____

The following information:

This information is needed for the purpose of:

I understand that I may revoke this authorization at any time by submitting a written request to the Hull Public Schools. Otherwise this consent will expire upon _____ or 180 days from the date signed.

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

Date

Witness

Date