



WOMEN & FAMILIES CENTER
Serving Connecticut families for over 100 years

**Authorization for Release of Information
(School Release)**

I, _____, **do** give permission to the RISE Afterschool Program to receive the following information from my child’s school: SASID (student assigned identification number), Lunch Status, Grades, Copy of Physical and Special Education Status for State of CT mandatory reporting purposes **ONLY**. I also give permission for WFC staff to speak with my child’s teacher regarding his or hers academic performance and behavior during the school day. I understand that the school will **only** share my child’s information with the CT State approved reporters- Youth Program Specialist, RISE Coordinator and Program Director. Approved reporters will ensure confidentiality of all student information.

Name of Child

Maloney High School

Name of School

121 Gravel Street, Meriden CT 06450

Address

203-238-2334

Telephone

Parent/Guardian: _____ Date: _____

Director/Coordinator: _____ Date: _____

Main Office: 169 Colony Street Meriden Connecticut 06451-3283 Phone: 203-235-9297 Fax: 203-237-7571

