## MOORESTOWN TOWNSHIP PUBLIC SCHOOLS Child Study Team

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## RELEASE/OBTAIN INFORMATION FORM

STUDENT:
BIRTHDATE:
This to authorize the Department of Special Services, Moorestown Township Board of Education, to release or to obtain any information or records concerning the above named student to/from: <i>Please include name and address of outside physicians, consultants, etc.</i> )
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This material is to be kept in strict confidence and is to be used only in the best interest of the student.
Signature (Parent or Guardian)
Date