

*Annie Sullivan Middle School  
500 Lincoln Street  
Franklin, MA 02038*

*Tel. 508-553-0322 Fax 508-541-2109*

*Beth Wittcoff  
Principal*

*Marguerite Almanas, RN  
School Nurse*

**Release of Information**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No. \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

- I authorize permission for \_\_\_\_\_ to release and exchange information and records with the Franklin Public School Nurse.
  
- I authorize the Franklin Public School Nurse to engage in verbal conversations with \_\_\_\_\_ regarding my child.

For purposes of: **management of student's health concerns.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date