

South Elementary School
171 Ash Street
Stoughton, MA 02072
Phone: 781-344-7004
Fax: 781-344-2876

CONSENT FORM FOR RELEASE OF INFORMATION

I hereby authorize _____ of _____
Name of Teacher Name of Preschool

to release the progress report and other information about my child,

_____ DOB _____

to the South Elementary School.

Parent/Guardian Signature Date