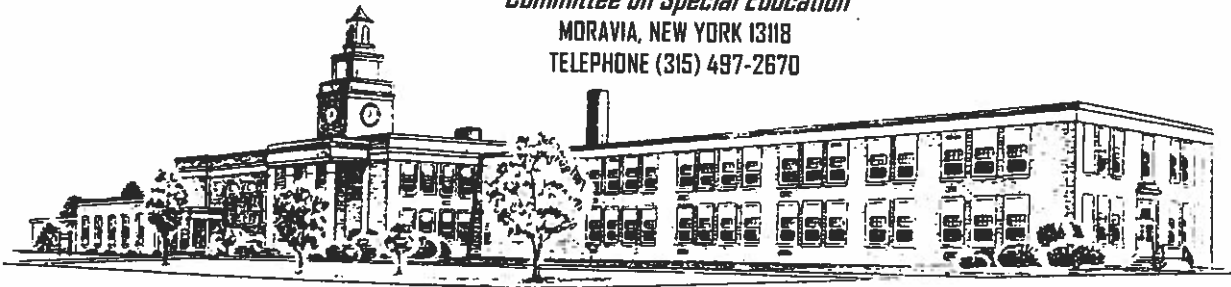


MORAVIA CENTRAL SCHOOL

Committee on Special Education

MORAVIA, NEW YORK 13118

TELEPHONE (315) 497-2670



RELEASE OF INFORMATION

I, _____ give permission for the Moravia
Central School District to share information regarding

Child's Name: _____

Date of Birth: _____

Relationship to Child: _____

with the following persons/agency:

Date

Parent/Guardian Signature