



ALCOTT SCHOOL

**Authorization for Alcott School to share information
with other Agencies and/or Providers
School Year 2024-2025**

I give authorization for the Alcott School to share information and reports regarding my child _____ with his/her Preschool Teachers and Related Service Personnel (speech therapist, occupational therapist, physical therapist, social worker, and/or psychologist)

The reports and information shared about my child may include: Educational Evaluations, IEP, Speech/Language, Occupational Therapy, Physical Therapy and Annual Medical form from my child's pediatrician.

I give authorization to the Alcott School to share verbal and written information with my child's providers/professionals inside and/or outside of Alcott School.

Print Name

Date

Signature of Parent/Guardian

Revised 1/2024

www.alcottschool.org

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