



**Authorization for Alcott School to Share information
with other Agencies and/or Providers
School Year 2022-2023**

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