



Northborough Extended Day Programs, Inc.

RELEASE OF INFORMATION FORM

Please **print** the following information.

I, _____, grant permission for the NEDP Site Coordinator and /or
Parent/Guardian's Name

Assistant Director/Executive Director speak with my child's teacher and any other support staff
that facilitates the needs of my child _____.
Child's Name

The name of the Principal at _____ school is _____.
School Name Principal's Name

The name of my child's teacher is _____.
Teacher's Name

The name(s) of other support staff that may be spoken to are:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Parent/Guardian Signature

Date