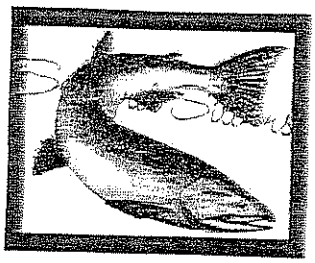
Seward Middle School

Home of the Silvers
P. O. Box 1149
907-224-9000 Office
907-224-9001 Fax.



AUTHORIZATION FOR MUTUAL EXCHANGE OF INFORMATION
Education Amendments of 1974 P.L. 93-380

Date: _____

LAST SCHOOL ATTENDED:

School name, address and phone number _____ _____

_____ Fax _____

Entry date _____ Withdrawal date _____ Last Grade _____

_I, the parent or guardian of _____ do hereby authorize the mutual exchange of all academic information as well as medical psychiatric, social work, and psychological information pertaining to this student between Seward Middle School and _____

Parent/Guardian Signature

_____