JOSEPH R. DAWE, JR. ELEMENTARY SCHOOL
131 PINE STREET
STOUGHTON, MA 02072
781-344-7007

CONSENT FORM FOR RELEASE OF INFORMATION

I hereby authorize _____ of _____
name of teacher name of preschool

to release the progress report and other information about my child,

_____ D.O.B. _____

to the Joseph R. Dawe Elementary School.

_____
parent/guardian signature date