



**THE TAFT SCHOOL**

**PERMISSION TO SHARE INFORMATION**

**STUDENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

I hereby authorize the exchange and release of information contained in the Psycho-Educational Testing Report of my child, \_\_\_\_\_, to The Taft School. I also authorize the release of the raw data to The Taft School and further authorize the testing clinician to discuss the results with a representative of The Taft School. I understand that The Taft School will share the information in the Psycho-Educational Testing Report only with those individuals at the School who need to know this information.

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent to Karen J. May at the Moorhead Academic Center unless The Taft School has already relied on information in the Report.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Parent/Legal Guardian Name

\_\_\_\_\_

Parent/Legal Guardian Signature

Please return this permission to Karen J. May, MS, Accomodations Coordinator at:

The Taft School  
110 Woodbury Road  
Watertown, CT 06795  
Phone: (860) 945-7851  
Fax: (860) 945-7977  
E-mail: [mayk@taftschool.org](mailto:mayk@taftschool.org)