

# GREATER LOWELL TECHNICAL HIGH SCHOOL

250 Pawtucket Boulevard  
Tyngsboro, MA 01879  
Telephone: 978-454-5411  
Fax: 978-441-5399

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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NAME OF STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I authorize the release of medical and/or other records including assessments/evaluations, counseling and psychotherapy information between your office and my child's school.
- I authorize oral communication between your office and my child's school.

Please return by mail or fax this form to the School Nurses at:  
Greater Lowell Technical High School  
250 Pawtucket Boulevard  
Tyngsboro, MA 01879  
Fax: 978-441-5399

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_