

**Milford Public School**

7 Hillside Avenue  
Milford, New Jersey 08848  
Phone: 908-995-4349  
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Rick Falkenstein  
*Superintendent*

Robert St. Laurent  
*Lead Teacher*

**PERMISSION TO RELEASE INFORMATION**

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

I hereby authorize the release of academic, health and special services (when applicable) records for the following children. I understand that the information will be treated in a confidential manner

If student(s) is/are enrolled in the free/reduced lunch program, please forward a copy of the current application.

	Student Name	Grade
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Signature Parent/Guardian

Signature school Official

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_