

MASCOMA VALLEY REGIONAL SCHOOL DISTRICT
P.O. BOX 789
Enfield, New Hampshire 03748
Telephone 603-632-5563

SECTION 504
PERMISSION/DISCLOSURE FORM

STUDENT'S NAME: _____ GRADE: _____ DATE: _____

SCHOOL: _____ TOWN OF RESIDENCE: _____ D.O.B.: _____

The school district staff are reviewing information on the above student to determine if s/he is a qualified handicapped individual under Section 504 of the Rehabilitation Act of 1973.

The Student Support Team is reviewing any information which may assist in the determination of eligibility. We are interested in obtaining medical, health, education or other information which will aid in this decision. The Team has recommended the following individual evaluation procedures:

Sincerely,

Name/Title

Phone #

Please provide the names of agencies or individuals who may have relevant information to assist us in our determination.

Physician/Agency/Individual

Address

Telephone Number

I do ___ or do not ___ give my permission to disclose information between the individuals and agencies above and the Mascoma School District.

I do ___ or do not ___ give my permission for the above described evaluation procedure.

_____ This permission is valid for 60 days from this date.

Parent/Guardian

Revision recommended to the Board on: 3/16/04

Recommneded to the Board on: 2/28/94

Adopted by the Board on: 7/18/94

Updated 2/2/04