



Stowe Middle School
CONSTRUCT | EXPRESS | ACT

413 Barrows Rd.
STOWE, VERMONT 05672
PHONE: (802) 253-6913

CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

Student Name: Leila Flanagan

Date of Birth: 06-04-09

I Nancy duMont grant permission for the transfer of information to/from

Stowe Middle School to/from the agency, school, or individual(s) identified below:

Rebecca Ruid, UVM Med Ctr. (802) 947-7967 (phone)
_____ (phone)

Records/information to be released:

any information / records / notes relative to emotional
(& permission to speak) care / support
The purpose of this release is to: assist / support Leila's success at school needs

I understand that I may revoke my consent to release this information at any time.

Nancy duMont
Parent/Guardian/Educ. (Surrogate Parent/Adult Student)

3/15/23
Date

Parent/Guardian/Educ. Surrogate Parent/Adult Student

Date