

**COE-BROWN NORTHWOOD ACADEMY
SCHOOL COUNSELING DEPARTMENT
907 FIRST NEW HAMPSHIRE TURNPIKE
NORTHWOOD NH 03261
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**Jennifer L. Cox
Director of Counseling**

**Cheri M. Wolf
School Counseling Secretary**

Nathan Bassett
Counselor

Jennifer Burns
Counselor

Brienne Rouse
Counselor

Tara Tenasco
Counselor

RELEASE OF INFORMATION

I hereby give permission to Coe-Brown Northwood Academy to exchange with/request information from/ or send records to:

School/Agency _____

Address _____

Regarding the following data about my child for the purpose of enrolling and scheduling:

Administrative Records
Educational Records
Psychological Records
SASID Number

Health Records
Grades to Date of Withdrawal
Special Education Records

Name of Child: _____ DOB: _____

Relationship of undersigned to above child: _____

First day student is to attend Coe-Brown Northwood Academy: _____

Last day student is to attend Coe-Brown Northwood Academy: _____

SIGNATURE: _____ **DATE:** _____

(Parent/Legal Guardian)