



## Ayer Shirley Regional School District

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Rene Paine  
District Nurse Leader  
[rpaine@asrsd.org](mailto:rpaine@asrsd.org)

117 Washington Street  
Ayer, MA 01432  
978-772-8600  
Fax: 978-772-0681

### AUTHORIZATION TO RELEASE/OBTAIN RECORDS

I \_\_\_\_\_, HEREBY AUTHORIZE THE RELEASE/OBTAINING OF  
INFORMATION/RECORDS FOR THE FOLLOWING STUDENT:

Student's name:

Date of Birth:

Release to/Obtain from:

(Please provide the providers name, address, telephone number and fax number)

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Signature: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

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