

**LAW OFFICES OF  
TAD J. BISTOR, LLC**

POST OFFICE BOX 1454  
HARTFORD, CONNECTICUT 06144-1454  
TELEPHONE (860) 570-1435  
FACSIMILE (860) 570-1292  
EMAIL TAD@BISTORLAW.COM  
ALT. EMAIL BISTORLAW@GMAIL.COM

ALSO ADMITTED IN NEW YORK

**AUTHORIZATION FOR RELEASE OF SCHOOL / DAYCARE RECORDS AND REPORTS**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, the undersigned, hereby authorize and request \_\_\_\_\_  
to release all of my / my child's records from your school or daycare center, including, but not limited  
to, all medical records, attendance records, grades, guidance counselor records, billing records, and any  
and all performance records in your possession and control, to the **Law Offices of Tad J. Bistor, LLC,  
P.O. Box 1454, Hartford, Connecticut 06144-1454.**

I understand that the medical records and other records to be released may contain information that is  
protected from disclosure under applicable laws, and hereby waive such protection with regard to  
disclosure of the above information to the Law Offices of Tad J. Bistor, LLC. This information,  
however, shall not be transmitted to anyone else without written consent or other authorization.

This consent to disclose information may be revoked by me at any time except to the extent that action  
has been taken in reliance thereon.

**Please honor a photocopy of this Authorization as fully as the original.**

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

\_\_\_\_\_  
Signature of Student (or Authorized Person if Student is  
under 18 years of age or is unable to sign)

\_\_\_\_\_  
Relationship of Authorized Person