



440 Westford Rd.  
Ashford, CT 06278  
(860) 429-6419  
(860) 429-3651 fax  
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## AUTHORIZATION FOR PROFESSIONAL COMMUNICATION

RE: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ of \_\_\_\_\_

(Name and role)

(Name of School)

to communicate with \_\_\_\_\_ for the \_\_\_\_\_

(Name and role)

school year on behalf of my child.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

It is my understanding that this communication shall be restricted to a review of school related issues.

I fully realize that this authorization is voluntary on my part and that I may revoke it any time in the future.

### **District Office**

James P. Longo, Ed.D  
**Superintendent of Schools**  
(860) 429-1927  
[jplongo@ashfordct.org](mailto:jplongo@ashfordct.org)

Cynthia A. Ford  
**Director of Pupil Personnel**

(860) 429-6419  
[cford@ashfordct.org](mailto:cford@ashfordct.org)

### **Ashford School**

Troy C. Hopkins  
**Principal**  
(860) 429-6419  
[thopkins@ashfordct.org](mailto:thopkins@ashfordct.org)

Garrett J. Dukette  
**Assistant Principal**  
(860) 429-6419  
[gdukette@ashfordct.org](mailto:gdukette@ashfordct.org)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

