JOHNSTON PUBLIC SCHOOLS
ADMINISTRATION OFFICE
10 MEMORIAL AVENUE
JOHNSTON, RHODE ISLAND 02919-3222

RECORDS RELEASE FORM

STUDENT NAME: _____ **DOB:** _____

☐ **Release To** ☐ **Obtain From** ☐ **Verbal Exchange With**

FROM: ***(PLEASE PRINT****… complete one form for each previously attended school and any person or establishment that may be able to provide information to help us with the best possible educational placement for your child)*

_____
NAME

_____
ADDRESS

_____
CITY/TOWN STATE ZIP CODE

_____
FAX NUMBER

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE **TO**: *(PLEASE PRINT)*

_____
SCHOOL NAME

_____
SCHOOL ADDRESS

_____
CITY/TOWN STATE ZIP CODE

_____
FAX NUMBER

THE **COMPLETE SCHOOL/CONFIDENTIAL RECORDS** IN YOUR POSSESSION PERTAINING TO MY CHILD, *INCLUDING BUT NOT LIMITED TO:*

☐ GRADES ☐ EDUCATIONAL

☐ ATTENDANCE ☐ PSYCHOLOGICAL / MEDICAL

☐ FREE & REDUCED PRICE SCHOOL MEALS APPLICATION **and** ELIGIBILITY DECISION

Parent/Guardian Name *(PLEASE PRINT)*: _____

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____