



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

RECORDS RELEASE FORM

STUDENT NAME: _____ **DOB:** _____

FROM CURRENT SCHOOL: *(PLEASE PRINT)*

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: _____