

BARRINGTON PUBLIC SCHOOLS

283 County Road

Barrington, Rhode Island 02806

Tel: 401-247-3145 Fax: 401-247-3169

RELEASE OF RECORDS

A. STUDENT _____		D.O.B. ____/____/____	
SCHOOL _____	GRADE _____	TEACHER/COUNSELOR _____	
PARENT/GUARDIAN _____		ADDRESS _____	
CITY _____	STATE _____	ZIP _____	EMAIL ADDRESS _____
TELEPHONE (h) _____		(w) _____	(c) _____

B. Authorization for the person/agency named below to release to/obtain from/verbal exchange of confidential information regarding the above named student.

_____ *Release to Agency Listed Below* _____ *Obtain from Agency Listed Below*

_____ *Verbal Exchange with the Agency Listed Below (If verbal exchange is checked DO NOT complete section C)*

_____ *Other (Please Specify)* _____ *(ex. Observation, Teacher Rating Scales)*

****ONLY LIST ONE AGENCY PER FORM****

PERSON/AGENCY: _____

ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **FAX** _____ **EMAIL** _____

C. Please check all records to be released/disclosed to the agency listed in section B:

_____ Adaptive Physical Education	_____ Child Outreach Results	_____ Clinical Psychological
_____ Educational	_____ Functional Behavioral Assessment	_____ 504 Plan
_____ Medical/Health	_____ Neurological	_____ Neuropsychological
_____ Occupational Therapy	_____ Physical Therapy	_____ Psychiatric
_____ Psychological	_____ Social History	_____ Speech/Language
_____ Other _____	_____ Other _____	

D. The purpose of the release/disclosure is: (check all that apply)

_____ to assist in educational planning

_____ to share evaluation/re-evaluation results

_____ at the request of the parent

_____ Other: _____

E. Please read and sign below:

- I have been fully informed and understand the school's request for my consent, as described above. This information will be released/disclosed upon receipt of my written consent.
- I understand that my consent is voluntary and may be revoked at any time. However, I understand that revocation is not retroactive (i.e. it does not negate an action that occurred after the consent was given and before the consent was revoked).
- I give my permission for the identified records to be released/disclosed to the above named person/ agency.

SIGNATURE OF PARENT/GUARDIAN	RELATIONSHIP	DATE
SIGNATURE OF STUDENT (18 YEARS OR OLDER)	DATE	

****EXPIRATION DATE WILL BE 1 YEAR FROM THE DATE RELEASE WAS SIGNED, UNLESS OTHERWISE SPECIFIED**

Barrington Public Schools does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, sexual orientation, gender identity or expression, citizenship, or status as a disabled veteran, or past or present honorable military service, or any other protected category with respect to access to, the provision of, or employment in its educational services, programs and activities, including admissions, athletics and other BPS program as required by Title IX of the Education Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VI and VII of the Civil Rights Act of 1965, the Age Discrimination Act of 1975, and other federal and state laws that prohibit discrimination. The following person has been designated to handle inquiries regarding the non-discrimination policies: Equity Officer, Assistant Superintendent; 401-245-5000 x 2. You may also direct inquiries directly to the Office for Civil Rights (Boston Office), U.S. Department of Education, 8th Floor, 5 Post Office Square, Boston, MA 02109-3921, Telephone: (617) 289-0111; Facsimile: (617) 289-0150; Email: OCR.Boston@ed.gov. If you require accommodation to attend a meeting or program at a school, call the Equal Employment Officer at least two business days in advance of the meeting or program. If you require an accommodation to attend a District meeting or program, call the Equity Officer at least two business days in advance of the meeting or program, or the school principal to attend a building-based event.