**BARRINGTON PUBLIC SCHOOLS**

**283 County Road**

**Barrington, Rhode Island 02806**

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

**SUSAN HEALY-MILLS, M.Ed.**

**Director of Pupil Personnel Services**

**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 | \_\_\_\_ IEP |
| \_\_\_\_ 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 | \_\_\_\_\_ at the request of the parent  |
| \_\_\_\_\_ to share evaluation/re-evaluation results  | \_\_\_\_\_ to plan for transition |
| \_\_\_\_\_ to assist in transfer/move to a new RI public school district (at receiving RI school districts request) |  |
| \_\_\_\_\_ to assist in transfer/move to a new out of state public school district |  |
| \_\_\_\_\_ to assist in transfer/move to a new private/non-public RI school  |  |
| \_\_\_\_\_ to assist in transfer/move to a new private/non-public out of state public school  |  |
| \_\_\_\_\_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**