**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**