

# BARRINGTON PUBLIC SCHOOLS

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Barrington, Rhode Island 02806  
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Director of Pupil Personnel Services

## RELEASE OF RECORDS

**A. STUDENT** \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **TEACHER/COUNSELOR** \_\_\_\_\_  
**PARENT/GUARDIAN** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_  
**CITY** Barrington **STATE** RI **ZIP** 02806 **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\*\*** Previous School District Special Education Department Information:

**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 <u>Current/Relevant Evaluations</u>	___ Other <u>Eligibility documentation</u>	

**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**