



850 Stony Fort Road
Saunderstown, Rhode Island 02874
401-783-8282 · FAX 401-783-5656
www.kingstonhill.org

KINGSTON HILL ACADEMY

AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS

This is to authorize Kinston Hill Academy

_____ To release to:

_____ To obtain from:

_____ To discuss with:

Name and address of School:

Name: _____ Telephone # _____

Address: _____

Authorize Method of Release:

Photocopies _____

Facsimile (Fax) _____

Telephone _____

Electronic Mail (e-mail) _____

Verbal Discussions _____

Videotape _____

Meetings _____

Other _____

The following information in its entirety:

_____ Academic Records _____ Special Ed. Records _____ Other

_____ Health Records _____ Evaluations

Child's Name: _____ D.O.B. _____

Proposed need for this information _____

This information will not be further transferred without the additional parent authorization in writing. This authorization is valid for one year unless written notice of withdrawal is received before the year ends.

Parent/Guardian Signature _____ Date _____