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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, agency, physician

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 _____