850 Stony Fort Road
Saunderstown, RI 02874
Phone: (401) 783-8282
Fax: (401) 783-5656
www.kingstonhill.org

KINGSTON HILL ACADEMY

AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS

This is to authorize Kingston 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
_____ Telephone
_____ Verbal Discussions
_____ Meetings
_____ Electronic Mail (e-mail)

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**_____