

**CHARIHO REGIONAL SCHOOL DISTRICT
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

Charlestown School
363 Carolina Back Rd
Charlestown, RI 02813
Phone 401-364-7716
Fax 401-633-7078

Richmond School
190 Kingstown Rd
Wyoming, RI 02898
Phone 401-539-2441
Fax 401-633-7139

Ashaway School
12A Hillside Ave
Ashaway, RI 02804
Phone 401-377-2211
Fax 401-633-6208

Hope Valley School
15 Thelma Dr.
Hope Valley, RI 02832
Phone 401-539-2321
Fax 401-633-7099

Chariho Middle School
455B Switch Rd
Wood River Jct, RI 02894
Phone 401-364-0651
Fax 401-223-4925

Chariho High School
453 Switch Rd
Wood River Jct, RI 02894
Phone 401-364-7778
Fax 401-415-0436

Career & Technical Center
459 Switch Rd
Wood River Jct, RI 02894
Phone 401-364-6869
Fax 401-223-9623

RYSE School
455C Switch Rd
Wood River Jct, RI 02894
Phone 401-315-2880
Fax 401-223-9651

Date _____

I hereby authorize _____ (previous school, specialist, etc.)
_____ (address) to release to the above school all records
concerning _____ (child's name), _____ (date of birth),
_____ (grade level).

- | | |
|---|--|
| _____ Cumulative school records | _____ Administration reports |
| _____ Educational assessments | _____ IEP's (past and present) |
| _____ Psychological assessments | _____ Psychiatric assessments |
| _____ Social Services assessments | _____ Neurological assessments |
| _____ Medical assessments | _____ Physical Therapy assessments |
| _____ Speech/Language/Hearing assessments | _____ Occupational therapy |
| _____ Visual assessments | _____ Adaptive PR assessments |
| _____ Classroom reports | _____ Voc. SpEd assessments |
| _____ Observation reports | _____ LEP/ESL assessments/home language form |
| _____ Guidance reports | _____ marks to date, credits earned, test scores |
| _____ School nurse reports | _____ Direct Certified Letter (re: Free Lunch) |
| _____ Other _____ | _____ All Records |

I understand that my records are protected under Federal Confidentiality Regulations and under the General Laws of Rhode Island, and cannot be disclosed with out my written consent except as otherwise specifically provided by law.

Any information released or received as a result of this consent shall not be further relayed in any way to any other person, organization entity, or other, without an additional written consent from me.

I may withdraw this consent by giving written notification to the above party at any time prior to the disclosure or release of information. In the absence of my prior withdrawal, this consent will expire 90 days after it is signed.

I have read this notice and consent statement prior to signing and understand its contents.

Signature _____

Printed name _____

Date _____

Please send records to above referenced school.