

**NEW SHOREHAM SCHOOL DEPARTMENT
BLOCK ISLAND SCHOOL
High Street, P.O. Box 1890
Block Island, RI 02807
(401) 466-5600 Fax (401) 466-5610**

STUDENT RECORD RELEASE FORM

Student's Full Name _____
Last First Middle

Current Address _____

Please release the following information regarding the above student:

_____ **Cumulative Records (e.g. name, address, date of birth, grade level completed, grades, attendance record, standardized test scores, etc.)**

_____ **Health Records**

_____ **Special Education Records**

Previous School _____

School's Address _____

Parent'/Guardian's Signature _____

Date of Request _____