

Royalton-Hartland CSD
54 State Street
Middleport, NY 14105
(716) 735-2000
fax (716) 735-2046

RELEASE OF RECORDS

Date:

Student Name:

D.O.B.

Please release information and records as indicated to/from Royalton-Hartland CSD for use in determining level of educational development, placement in appropriate grade and to facilitate any adjustments in school programs that might be indicated by the health record and psychological report (if any).

Grades

Attendance Records

psychological Reports

Student Schedule

Discipline Records

Any information that may assist the student in being successful.

Information to be released to: _____

Information to be released by: _____

Is this Release Request reciprocal between both parties? Yes_____ No_____

Please not any information that you choose not to have released: _____

Parent Signature: _____

This form will be in effect for 1 year from date of signing. At that time another form will need to be completed in order to maintain release of information status.

Thank you.