

Sanborn Regional Middle School
17 Danville Road
Kingston, NH 03848

PERMISSION TO RELEASE RECORDS

Student Name: _____ Grade: _____

Date of Birth: _____

New Address: _____

Current Phone: _____

School Last Attended: _____

Name of School: _____

Address: _____

Phone: _____ Fax: _____

Records to be Released:

- Education Records
- Psychological Records
- Health Records
- Special Education Records
- 504 or Title One Records

I hereby give my permission for the release of my student's records as specified above.

Signature of Parent/Guardian

Date

Relationship: _____