



Daniel J. Bakie Elementary School

179 Main Street

Kingston, NH 03848

Telephone: (603) 642-5272

Fax: (603) 642-8906

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 to Daniel J. Bakie Elementary School. Please mail records to the address above.

Signature of Parent/Guardian

Date

Relationship: _____