Wilbur-McMahon School
EAGLES
28 Commons – P.O. Box 178
Little Compton, RI 02837-0178
Telephone: (401) 592-0363
Fax: (401) 635 –2191
www.lcsd.k12.ri.us

John McKinnon
Principal

Dr. Laurie Dias-Mitchell
Superintendent

Consent for Release of Information

Student: _____ DOB: _____

I, _____, hereby authorize the Little Compton School
(parent/guardian)

Department to receive academic school-records for the above named student from:

Name of School/Service Provider: _____

Address: _____

Phone Number: _____

Please send us a complete record of all grades, including estimated grades to the date of withdrawal; attendance records; and an explanation of your grading system. We also need standardized test results, health records, and any other information that would be helpful in the proper placement and counseling of this student. Thank you for your prompt attention to this request. Please forward this request to your Special Education Program if the students received services as required by Public Law 94-142.

Sincerely,
Mary Elizabeth Miller.
School Counselor

I understand that these records are protected under the Federal Confidentiality Regulations and cannot be disclosed or released without my written consent except as otherwise specifically provided by law. I have read this notice and consent prior to signing and understand its contents.

Signature: _____ Relationship: _____ Date: _____