

Lincoln Public Schools
Release of Records
Attn: Sheila Brown
PO Box 367
135 Old River Road
Lincoln, RI 02865
(401) 721-3315 FAX: 401-721-3342

The Lincoln Public Schools is releasing the following student records:

Student: _____ DOB: _____

Parent's Name: _____

Student Address: _____ Phone #: _____

Lincoln School Student is Currently Enrolled in: _____

School District Student is transferring to: _____

School Name: _____

School Address: _____

Grade: _____ School Phone # : _____ School FAX #: _____

_____ All of the following or ✓ specific evaluations

_____ Reciprocal Communication

_____ Clinical Psychological Evaluation

_____ Educational Evaluation

_____ Classroom Observation

_____ Hearing and Vision Test/Screening

_____ IEP

_____ Immunization Record

_____ Language Proficiency Test

_____ LD Documentation

_____ Other _____

_____ Neurological Evaluation

_____ Team Report

_____ Medical History from Doctor

_____ Psychiatric Evaluation

_____ Psychological Evaluation

_____ Report Card/Transcript

_____ Social History

_____ Therapy Evals. OT ___ PT ___ S/L ___ APE ___

_____ Teacher Questionnaire

Reason for Request: Student Withdrawing from the Lincoln Public Schools, Lincoln, RI

Information released with this authorization will not be given, transferred, or in any way relayed to any other person(s) not specified above without additional authorization. This authorization expires _____ and may be withdrawn at any time.

Signature: _____ Date: _____

(Circle one: parent/guardian/educational advocate)