

JAMESTOWN SCHOOL DEPARTMENT
76 Melrose Avenue
Jamestown, RI 02835
Telephone - 401-423-7020
FAX - 401-423-7016

RELEASE OF RECORDS

I give my permission to the Jamestown School Department to obtain/release the following records of my child:

Student Name: _____

To/From: _____
Name of School

Address

City, State, Zip

Records to be Released:

- Official Cumulative Records
- Withdrawal Grades
- Attendance Dates
- Health/Immunization Records
- Special Education Records and Evaluations (if applicable)

Parent/Guardian Signature: _____

Date: _____

Please complete this form and return via email (moretti.maggi@jamestownschoools.org), FAX (401-423-7016), or mail to Maggi Moretti, Melrose School, 76 Melrose Avenue, Jamestown, RI 02835.