**Barrington Public Schools**

**REQUEST FOR RECORDS AUTHORIZATION**

**I authorize** _____

**(Child's Current School)**

_____

**(Number and Street)**

_____

**(City, State, Zip)**

**to release the official school records (including transcript of grades earned, credit given, standardized test scores, and health records) of:**

_____ _____

**(Student's Name)** **(Date of Birth)**

***Please check appropriate school***

**To:**

- ☐ **Nayatt School, 400 Nayatt Road, Barrington, RI 02806**
- ☐ **Primrose Hill School, 60 Middle Highway, Barrington, RI 02806**
- ☐ **Sowams School, 364 Sowams Road, Barrington, RI 02806**
- ☐ **Hampden Meadows School, 297 New Meadow Road, Barrington, RI 02806**
- ☐ **Barrington Middle School, 261 Middle Highway, Barrington, RI 02806**
- ☐ **Barrington High School, 220 Lincoln Avenue, Barrington, RI 02806**

_____ _____

**(Signature of Student 18 years or over)** **(Signature of Parent/Guardian)**

_____

**(Date)**