**Westerly Public Schools**
23 Highland Avenue
Westerly, RI 02891
T: 401-315-1500
F: 401-348-2707
TT/VOICE: 800-RI-55555
www.westerly.k12.ri.us







## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND REPORTS

I hereby authorize the Westerly Public Schools to obtain/release the following information as marked for the purposes of student registration:

| | |
|---|---|
| X | Check mark indicates requested forms. |
| | Proof of immunizations. |
| | Proof of physical. |
| | Lead screening. |
| | Vision screening. |
| | PPD results. |
| | Other: |

Records are to be released from:

Name of Doctor: _____

Address: _____

Phone: _____ Fax: _____

I understand that the records are protected under the State Confidentiality of Health Care Information Act and Privacy Act as well as the Federal Family Education Rights and Privacy Act and other federal and state law; that I agree to indemnify you for any claims made concerning such release; and state that any information given or received shall not be further released to anyone without first obtaining my additional written consent.

This authorization may be withdrawn by written notice at any further time. This authorization will expire six (6) months from the date below. Mechanical reproduction of this authorization may be accepted as if an original.

Students Name: _____ DOB: _____

Current Address: _____

Consented by: _____
Print Name Date

Relationship to student: _____

Signature: _____

Refused: _____