



Dr. Paul J. Padalino, Superintendent
Nora Scherer, Board of Education President

We Inspire. We Educate. We Graduate.
All Students. All of the Time

Beth Lewis-Jackson, Director of Special Education
61 Crown Street ■ Kingston, NY 12401

RELEASE OF INFORMATION FORM

I hereby grant permission for all medical, psychological, psychiatric and educational records of:

_____ to be exchanged between
(student's name) (date of birth)

the _____ and
(please include name and address of individual receiving information)

Kingston City School District. I understand that these records will be used only by qualified personnel in the best interest of the child and his/her family.

Signature of Parent/Guardian Date

Witness Date