



**Dr. Paul J. Padalino, Superintendent**

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

**Beth Lewis-Jackson, Director of Special Education**  
21 Wynkoop Place ♦ 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