

Fishers Island School

78 Greenwood Road --- P.O. Box 600 --- Fishers Island, NY 06390
phone: (631) 788-7444
fax: (631) 788-5532
email: fischool@fischool.com
www.fischool.com



Consent for Release of Information

Consent forms should be filled out and given to the applicant's current school for records to be sent to Fishers Island School. It is the responsibility of the parent/guardian to ensure that records are sent to FIS by the application deadline. Records may be sent to FIS from the applicant's current school or by the applicant's parent/guardian.

Date: _____

Name of Student: _____ **DoB:** _____

Name of Parent(s)/Guardian: _____

I give my permission for the release of the following information on the above named student to the agency(ies)/school(s)/individual(s) named below.

- Academic Reports, Progress and Records
- Attendance Records
- Standardized Testing Records
- Health & Immunization Records
- Special Education/CSE Records (*if applicable*)
- Counseling Progress and Goals (*if applicable*)
- Other: _____

Name and address of school FROM which the above information is being released:

Name and address of school TO which the above information is being released:

Fishers Island School- 78 Greenwood Road (PO Box 600), Fishers Island, NY 06390

**Signature of Parent/
Guardian**

Date

FIS... cultivating and honoring the gifts and talents of ALL students