

**FISHERS ISLAND SCHOOL
PO DRAWER A
FISHERS ISLAND, NY 06390**

**CONSENT FOR RELEASE OF INFORMATION FROM OTHER AGENCIES/SCHOOLS
TO FISHERS ISLAND SCHOOL**

Date _____

Name of Student _____ DOB _____

Name of Parent(s)/Guardian _____

I give my permission for the release of the following records on the above named student to the **Fishers Island School**, and understand that failure to disclose any and all academic/behavioral records having to do with the applicant can result in dismissal of said applicant after acceptance has taken place.

- Academic Records
- Student Assistance Records
- Special Education/CSE/PPT Records
- Psychological Testing
- Child Study Team Records
- Health & Immunization Records
- Standardized Testing Records
- Section 504 Records
- Parental Custody Dispositions
- Discipline Records

Name of School/Agency from which the above information is being released:

Address: _____

Signature of Parent/Guardian

Date