



**Sanborn Regional Middle  
School**

**17 Danville Road**

**Kingston, NH 03848**

**Telephone: (603) 382-6226**

**Fax: (603) 382-9771**

**PERMISSION TO RELEASE RECORDS**

Student Name:-----

Grade:---

Date of Birth:-----

New Address:-----

Current Phone:-----

School Last Attended:

Name of School:-----

Address-----

Phone-----

Fax-----

Records to be Released:

- Education Records
- Psychological Records
- Health Records
- Special Education Records
- 504 or Title One Records

I hereby give my permission for the release of my student's records as specified above to Memorial School. Please mail records to the address above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship: