

RAS Release of Information form

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Consent for School Partnership and Records Release

I _____ authorize and direct _____
Name of Parent/Guardian Name of School/ District
to release any records, notes, reports, evaluations, and/or other materials
pertaining to the education of my child _____ to Right at
Name of Student
School to aid in the purpose of implementing accommodations and
streamlined practices to best support the child referred to above in their
extra-curricular environment. I further give consent to Right at School to
share information about my child and to consult with and discuss my child's
educational needs with school personnel. I am authorized to sign this
consent and records release. I also understand that I can revoke this
consent at any time by providing written notice to Right At School.

Parent/Guardian Signature

Date

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