

# 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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