

AUTHORIZATION FOR RELEASE OF
STUDENT RECORDS

Student's Name		Date
Date of Birth	Grade	Previous School Attended
School Address		City, State, Zip
School Phone	School Fax	

The above named school has my permission to release the following information concerning my child to Coastal Waters Chartered Public School, at the address below. The student record information includes:

- SASID (for NH schools only)
- Grades to Date of Withdrawal
- Education Records - Transcript
- Discipline Records
- Attendance Records
- Standardized Intelligence Test Scores
- Standardized Achievement Test Scores
- Health Records – Immunization and Health Plan
- 504 Plan
- Special Education Records Including:
 - Testing & Evaluations (cognitive, achievement, speech/language)
 - Consultations
 - Copy of IEP

This release is in accordance with the provisions of the Family Educational Rights and Privacy Act.

Parent/Guardian Signature*	Relationship to Student
Parent/Guardian Printed Name	Date

Please mail to:

Erica Taylor, Director
Coastal Waters Chartered Public School
34 Front St, Suite 850
Exeter, NH 03833

Phone: 603-316-6951
etaylor@cwschool.org