

02/01/2002

RUTLAND CITY PUBLIC SCHOOLS
Administrative Offices, 6 Church Street
Rutland, VT 05701
(802) 773-1917

RELEASE OF INFORMATION

Name of Student: _____

Home Address: _____

Date of Birth: _____ Home Phone: _____

Current School: _____

Parent(s), Legal Custodian or Legal Guardian (if a minor): _____

I hereby give permission for Rutland City Public Schools, 6 Church St., Rutland, VT 05701, to exchange information regarding the above named individuals with the following individual, agency or school named below:

(agency, individual or school)

(Signature of Parent, Legal Custodian, Legal Guardian or Student) _____ Date

(Witness) _____ Date

“Pursuant to the Family Educational Rights and Privacy Act of 1974, the Rutland City Public Schools does not permit the release of educational records to third parties without written consent from the student’s parents specifying records to be released, the reasons for such release, and to whom, and with a copy of the records to be released to the student’s parents and the student if desired by the parents.”