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FOREST HILLS SCHOOL DISTRICT

KINDERGARTEN

RELEASE OF RECORDS

Name _____ Date of Birth _____

This release authorizes your child's teacher to complete the attached sheet, make personal comments regarding your child's growth and development, and send any other school records he/she feels will be helpful to your child's kindergarten teacher.

My signature provides authorization to _____ preschool/nursery school to release the above-mentioned records of my child to:

Forest Hills School District School
Where Child Will Be Attending Kindergarten

Street Address

City, State, Zip

It is understood that the records so provided will be maintained with all due safeguards as provided by the laws of "Privacy and Rights."

I understand that I am entitled to a copy of these reports, records, and recommendations if I so desire. The cost of duplication is at my expense if I request these materials.

Thank you for your cooperation.

Signature

Date

Relationship