

Roadside Academy
P.O. Box 209
30 Brooks Road
Middletown, CT 06457-0209
860 343-6031

Record Release Form

- Incoming Information
Outgoing Information

My signature gives permission for _____ to
(School District or system)

to release records concerning _____ to:
(Name of Student)

Roadside Academy
P.O. Box 209
Middletown, CT 06457-0209

- Educational Achievement
Grades and Tests Results
 Health Records
 Psychological Evaluations
 Other (please indicate)

Signature _____

Relationship to student: PARENT GUARDIAN SELF
(Circle one)

Date: _____

"Let me live in my house by the side of the road and be a friend to man." Sam Walter Foss