Rivendell Academy
2972 Route 25A, Orford, NH 03777
Tel: 603-353-4321
Fax: 603-353-4414
www.rivendellschool.org

Patricia Rella
Rivendell Academy Principal

Michelle A. Oakes
Executive Assistant to Head of Schools

RELEASE OF STUDENT RECORDS

_____ _____
Student Name Date of Birth

The Rivendell Interstate School District requests from: _____
School Name

_____
Street Address City/Town State Zip Code

A copy of, or access to the following records for the purpose of _____

(☑) Academic (☑) Health/Medical (☑) Special Education (☑) 504

Please indicate whether you are willing for the school to comply with the request by checking the appropriate statement below:

(☐) I grant permission.
(☐) I withhold permission (specific category comment below)
(☐) Parent / Guardian notified – permission not required.

Comments: _____

To initiate registration of student for classes, please forward documents via Mail, however also please send a copy of current transcript and health vaccination records by fax: 603-353-4414 to the attention of Registration.

_____ _____
Date Signature of Parent/Guardian or Student if 18 years of age
(Student of 18 years of age may sign for themselves)

Please Send Physical Records to:

Rivendell Academy
Attn: Registration
2972 Route 25A
Orford, NH 03777

NOTE: To person receiving or reviewing the records. The record is for your professional use as described in "purpose" above. You may not use the information for any other reason without further consent of the parent or legal guardian.

OFFICE USE ONLY:

Date Requested: _____ Date Faxed Transcript/Health Received: _____ Date Records Received: _____