

**NARRAGANSETT HIGH SCHOOL
245 SOUTH PIER ROAD
NARRAGANSETT, RHODE ISLAND 02882
(401) 792-9400**

Third Party Release Form

Date: _____

I give my permission to Narragansett High School to release the school records and other pertinent information regarding for the purpose of transfer, college admission, employment or other legitimate requests.

Parent/guardian* _____

Student _____

Release records to:

* A parent/guardian must sign this form if the student is not yet 18 years old, otherwise the student may sign.