

BLIND BROOK-RYE UFSD
RELEASE OF INFORMATION FORM

Date: _____

To Whom It May Concern:

I hereby give permission to:

Name of Previous School: _____

Address: _____

To send all information relative to:

Student Name: _____

TO: Blind Brook Middle School
Attn: Amanda Arzt (Grade 6) or
Elise Sosnow (Grade 7 & 8)
840 King Street
Rye Brook, New York 10573

TO: Blind Brook High School
Attn: Grace Carroll
(Grade 9-12)
840 King Street
Rye Brook, New York 10573

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TO: BMP Ridge Street School
Attn: Frederique Sol
390 North Ridge Street
Rye Brook, New York 10573

Signature of Parent/Guardian:
