Phone: (860) 365-4050

EAST HAMPTON PUBLIC SCHOOLS East Hampton, CT 06424

RELEASE OF STUDENT RECORDS

I give permission to the East Hampton Public School System to obtain school records as indicated below:

OBTAIN FROM:			RELEASE TO:			
				Center Elementary School		
Specific Party or School						
		Street		/ Summ	it Street	
				East Hampton, CT 06424		
	City	State	Zip			
Phone nur	mber:					
Please rel	ease records for	my child(ren):				
Name:				Grade:	Birth Date:	
Name:				Grade:	Birth Date:	
Name:				Grade:	Birth Date:	
	 Health Records and Medical Reports – including birth certificate, immunizations and physical examination records. Education/Speech/Hearing/Language Evaluations. Confidential Files – including PPT Minutes, IEPs, all reports and evaluations (including OT, PT, psychiatric, psychological, educational, speech, language), and records from – social workers, counselors, therapists, and educational consultants. 					
	_ Evaluations from outside agencies, doctors, schools.					
	_ All prior records from school systems other than your district.					
	Permission to communicate by telephone or to hold person-to-person conversations between former and new teacher/school representatives.					
	 Expulsion – If any of the above-listed students have been expelled from your school district, all records of the expulsion hearing. 					
	Other (specify	/)				
Anticipate	d Date of First D	ау:				

Parent/Guardian Signature - Relationship

Reason for Request

Date

This authorization is requested in compliance with Public Law 93-380, Family Education Rights and Privacy Act of 1974. Personal information shall be transferred to a third party only on the condition that such party will not permit any other party to have access to that information without the written consent of the parents/guardians or eligible student. Parental permission is not required when records are requested by authorized school personnel of the school system in which the student may intend to enroll.