Phone: (860) 365-4030 East Hampton, CT 06424

EAST HAMPTON PUBLIC SCHOOLS

Fax: (860) 365-4034

RELEASE OF STUDENT RECORDS

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

RELEASE TO:	OBTAIN FROM:	
	East Hampton High School	
Specific Party or School	15 North Maր	ole Street
Street	East Hampto	
City State Zip		., 01 00 12 1
Phone: Fax:		
Please release all records for my child(ren) as bulleted		
	2 50.0111	
Name:	Grade:	Birth Date:
Name:	Grade:	Birth Date:
Name:	Grade:	Birth Date:
 Official Administrative Record (name, address, birth date, grade level completed, grades, standardized test scores, class standing, recommended placement, attendance records and home/school correspondence). Health Records and Medical Reports – including birth certificate, immunizations and physical examination records. 		
Education/Speech/Hearing/Language Evaluation	on.	
 Confidential Files – including PPT Minutes, IEPs, all reports and evaluations (including OT, PT, psychological, speech, language), social worker records, educational testing and any other special education records. 		
 Evaluations from outside agencies, doctors, schools. 		
 All prior records from school systems other than your district. 		
 Telephone or person-to-person conversations other person. 	between former and r	new teacher/school official or
• Other (specify)		
Anticipated Date of Last Day:		
Parent/Guardian Signature - Relationship	Reason for Request	Date
Phone Number:		

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.