Phone: (860) 365-4060

EAST HAMPTON PUBLIC SCHOOLS East Hampton, CT 06424

Fax: (860) 365-4064

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 Middle School	
Specific Party or School	19 Childs Road	
Street	East Hampton, CT 06424	
City State Zip		, 0. 00.12.
Phone: Fax:		
Please release all records for my child(ren) as bullete	d below:	
, , ,		
Name:	Grade:	Birth Date:
Name:	Grade:	Birth Date:
Name:	Grade:	Birth Date:
 Official Administrative Record (name, address standardized test scores, class standing, reco home/school correspondence). Health Records and Medical Reports – including examination records. 	mmended placement	, attendance records and
Education/Speech/Hearing/Language Evaluation	on.	
 Confidential Files – including PPT Minutes, IEI psychological, speech, language), social work 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	I new teacher/school official or
Other (specify)		
Anticipated Date of Last Day:		
Parent/Guardian Signature - Relationship	Reason for Reques	t 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.