

**EAST GRANBY PUBLIC SCHOOLS**



East Granby, Connecticut

**RELEASE OF INFORMATION**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone # where parent can be reached after moving: \_\_\_\_\_

I give permission for the East Granby Public Schools to receive the records indicated below from:

Name of school the student attends:

Name of School	Address/Zip Code	Phone #
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I give permission for the East Granby Public Schools to release the records indicated below to:

Name of School	Address	Zip Code
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These records are for the purpose of educational planning and programming.

**IMPORTANT:** Please check items you wish to be received or released:

- Health Record
- Grades
- Achievement Scores
- Behavioral Check Lists
- Anecdotal Information
- Verbal Communication
- PPT Records (Notice of Meeting, Notice of Evaluation, Case Summaries, Referral, etc.)
- Psychological Record
- Social Work Record
- Speech/Language Evaluation Report
- I.Q. Scores
- Special Education Evaluation Report
- Other: \_\_\_\_\_

**NOTE:** This confidential information is being sent on the condition that no other party should have access to it without written consent of parent/guardian, or the student, if he/she is 18 years of age or a graduate.

I understand that I may review the materials checked on this release form before they are transmitted. I understand that one week from the date of this release, the above materials will be forwarded as requested.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return this form and all records/correspondence to:**

Allgrove School  
33 Turkey Hills Road  
East Granby, CT 06026  
Fax (860) 413-9080  
Attn: School Secretary