

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:

- | | |
|---|--|
| <input type="checkbox"/> Health Record | <input type="checkbox"/> Psychological Record |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Social Work Record |
| <input type="checkbox"/> Achievement Scores | <input type="checkbox"/> Speech/Language Evaluation Report |
| <input type="checkbox"/> Behavioral Check Lists | <input type="checkbox"/> I.Q. Scores |
| <input type="checkbox"/> Anecdotal Information | <input type="checkbox"/> Special Education Evaluation Report |
| <input type="checkbox"/> Verbal Communication | <input type="checkbox"/> Other: _____ |
- PPT Records (Notice of Meeting, Notice of Evaluation, Case Summaries, Referral, etc.)

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
Attn: School Secretary