

**SIMSBURY PUBLIC SCHOOLS  
SIMSBURY, CT 06070**

**AUTHORIZATION TO RELEASE / OBTAIN STUDENT RECORDS**

TO: Person or Place to  
Release To or Obtain From \_\_\_\_\_

To The Attention Of \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

FROM: **CENTRAL SCHOOL  
29 MASSACO STREET  
SIMSBURY, CT 06070**

**Telephone: 860-658-4732  
Fax: 860-658-3620**

STUDENT NAME: \_\_\_\_\_ (For Office Use)  
CT SASID #: \_\_\_\_\_

DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ YEAR of GRADUATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

Permission is hereby given to the Simsbury Public Schools to  release  obtain the following information regarding the above named student:

**ALL STUDENT RECORDS (Includes those listed below)**

**PERMANENT ACADEMIC RECORDS**

(Student transcript, standardized test data, supplemental data, etc.)

**SPECIAL SERVICES RECORDS**

(Planning & Placement Team Meetings, Individualized Education Plans, Psychological, Educational, Social Work, and / or Speech-Language Evaluations, etc.)

**HEALTH RECORDS** (other than state mandated records for school attendance)

**RECORDS FROM AGENCIES / PROFESSIONALS OUTSIDE THE SCHOOL SYSTEM**

**VERBAL AND / OR WRITTEN COMMUNICATION BETWEEN SCHOOL STAFF AND OUTSIDE PROFESSIONALS**

Is the student presently receiving Special Education? Yes  No

Has the student received Special Education in the past? Yes  No

\_\_\_\_\_  
*Signature of Parent / Guardian / Student (18 years of age or older)*

\_\_\_\_\_  
*Date*

**Reason to release / obtain records:**

Family moving into / out of Simsbury

Transfer into /out of Open Choice Program

Student transferring to / from private school

Plan appropriate educational program

Student transferring to / from magnet/tech school

Other

**PLEASE COMPLETE AND SIGN BELOW IF YOU ARE WITHDRAWING YOUR CHILD FROM SPS:**

Please withdraw my child from Simsbury Public Schools as of \_\_\_\_\_  
Student's last day of school

\_\_\_\_\_  
*Signature of Parent / Guardian*

\_\_\_\_\_  
*Date*

*Please read the back of this form for information concerning Student Record Regulations*

FOR OFFICE USE: Records Sent / Requested on \_\_\_\_\_ Staff \_\_\_\_\_  
(Date) (Name or Initials)