

**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: **SQUADRON LINE SCHOOL** Telephone: **860-658-2251**
44 SQUADRON LINE ROAD Fax: **860-658-3627**
SIMSBURY, CT 06070

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
- Student transferring to / from private school
- Student transferring to / from magnet/tech school
- Transfer into /out of Open Choice Program
- Plan appropriate educational program
- 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)