



MILFORD PUBLIC SCHOOLS

70 West River Street • Milford, CT 06460

Anna Cutaia, Ed.D, Superintendent of Schools

Amy Fedigan, Ed.D, Assistant Superintendent

REQUEST FOR RELEASE OF INFORMATION

(Please Print)

NAME OF STUDENT _____

HIGH SCHOOL ATTENDED: _____

NAME IN HIGH SCHOOL, IF DIFFERENT _____

DATE OF GRADUATION/ATTENDANCE _____

PRESENT TELEPHONE NUMBER: DAYS _____ EVENINGS _____

DATE OF BIRTH _____

PLEASE RELEASE THE INFORMATION REQUESTED TO:

NAME OF COLLEGE/HIGH SCHOOL/OTHER _____

ADDRESS _____

CITY, STATE, ZIP _____

In accordance with Family Educational Rights and Privacy Act (Public Law #93-380), I authorize Milford Public Schools to release any and/or all information and records pertaining to me. These records include all courses, grades, GPA summary, standardized district tests (CAPT and CMT scores), and disciplinary records, if applicable. A description of student record may be found in the Milford Public Schools *Parent and Student Handbook*.

Furthermore, I release any person and/or the Milford Public Schools from all liability and hold them harmless for providing such information, including but not limited to, via transcript and/or recommendation.

SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN _____

(If student is under eighteen years of age)

DATE REQUESTED _____ DATE NEEDED _____