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KILLINGLY PUBLIC SCHOOLS

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Great Things Happen Here!

AUTHORIZATION TO RELEASE RECORDS

NAME: _____ GRADE: _____ D.O.B. _____

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Medical-Health Records

Attendance Records

Discipline/Suspension Records

Any Other Pertinent Information

Academic Records-Cumulative Folder

Special Education Records(including evaluations, PPT records, IEP

I hereby authorize _____ to release all records indicated above concerning my child/children to:

Killingly High School
226 Putnam Pike
Dayville, CT 06241
Fax (860) 774-0846

Killingly Intermediate School
1599 Upper Maple Street
Dayville, CT 06241
Fax (860) 779-9639

Killingly Central School
60 Soap Street
Dayville, CT 06241
Fax (860) 774-3299

Killingly Memorial School
339 Main Street
Danielson, CT 06239
Fax (860) 774-6028

Goodyear Early Childhood Center
22 Williamsville Road
Rogers, CT 06263
Fax (860)774-6772

I hereby authorize _____ to release all Special Education records indicated above concerning my child/children to:

OFFICE OF PUPIL PERSONNEL SERVICES
79 WESTFIELD AVENUE
DANIELSON, CT 06239

LAST SCHOOL ATTENDED

State of Connecticut Public Act No. 00-220
Substitute House Hill No. 5317

When a student enrolls in a new school district, the new school district shall provide written notification of such enrollment to the school district in which the student previously attended school. The school district in which the student previously attended school (1) shall transfer the student's education records to the new school district no later than ten (10) days after receipt of such notification and (2) if the student's parent or guardian did not give written authorization for the transfer of such records, shall send notification of the transfer to the parent or guardian at the same time that it transfers the records.

Name

Address

City, State, Zip

Telephone

Fax #

Signature of parent/legal guardian

Date

Authorized School Signature

Date