

STONINGTON PUBLIC SCHOOLS

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Allison Van Etten

DIRECTOR OF FINANCE
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TRANSFER OF CONFIDENTIAL STUDENT INFORMATION FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Date

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize the Stonington Public Schools to **release** and/or **obtain** (please circle) the following confidential records regarding my child:

Name of Child: _____ DOB: _____

Address: _____ Town/State/Zip Code: _____

Parent(s)/Guardians(s): _____ School: _____

(Please check all that apply.)

Obtain

Release

All records

Cumulative File

Pupil Personnel/Special Education

Disciplinary

Health/Medical *

Other (please specify):

Verbal: _____

* If this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPPA, a Transfer of Confidential Information – Protected Health Information form must also be completed.

To/From: _____
Name

Address: _____
Street Town State/Zip Code

Telephone: _____ Fax: _____

I understand that the information to be disclosed is protected as an "education record" under FERPA, and that such information shall not be redisclosed unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Form update: 9/25/2019