



Hamden Public Schools
Hamden Middle School

Michelle G. Coogan, Principal
Jessica S. Coffey, Assistant Principal

**STUDENTS WITHDRAWING
REQUEST FOR RELEASE OF RECORDS**

Name of Student _____ **Date of Birth** _____

Name of Parent/Guardian _____

Telephone Number _____

I, _____, give Hamden Middle School
Parent/Guardian

Permission to release the above student's academic transcripts to date.

Including:

- **Most current report card**
- **Scholastic records and standardized test scores**
- **Medical/Health records**
- **Record of all diagnostic testing, psychological evaluations,**
- **PPT's, 504 plans, IEP's, etc**
- **Current behavior and disciplinary reports**
- **Attendance information with explanation for excessive absences and/or tardiness**

Does the applicant have any learning disabilities, physical or emotional Problem which are known to you at the present time? ___Yes ___No

School Student Will Be Attending _____

School Address _____

School Telephone Number _____

School Fax Number _____

Contact Person _____

Parent/Guardian Signature

Date

Date Sent _____

By _____