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## Release of Student Records

Name of Student (first, MI, last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

### Previous School Information:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

In accordance with Family Educational Rights and Privacy Act (Public Law #93-380), a student's parent/guardian (or the student him or herself if 18 years of age) must provide written permission in order for his or her previous school to release educational and health information.

I authorize \_\_\_\_\_ to send \_\_\_\_\_ a copy of my child's  
*(previous school)* *(Westport Public School)*  
educational and health records. This would include: transcript/report cards, including elementary school, middle school and high school. Also, please include all grades up to date of withdrawal and any standardized testing, both state and national (if applicable).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward all educational and health records to: