

AMITY REGIONAL SCHOOL DISTRICT NO. 5

Bethany Orange Woodbridge
 25 Newton Road, Woodbridge Connecticut 06525
 P: (203) 397-4811
 F: (203) 397-4864



WRITTEN CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION

STUDENT NAME _____ DATE OF BIRTH _____ CURRENT GRADE _____

Please place a checkmark in requested records below:

<input type="checkbox"/>	School Transcript	<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	School Health Records	<input type="checkbox"/>	Oral Communication
<input type="checkbox"/>	Special Education Records	<input type="checkbox"/>	Other (Please Specify)

Consent granted by: (custodial) parent guardian student who is 18 or older

Signature _____

Date Signed _____

SECTION 2: I hereby request the transfer of records **FROM** the following (please place a checkmark in a box):

- | | | |
|---|--|---|
| <input type="checkbox"/> Amity Middle School <u>Bethany</u> | <input type="checkbox"/> Amity Middle School <u>Orange</u> | <input type="checkbox"/> Amity Regional High School |
| <input type="checkbox"/> Bethany Community School | <input type="checkbox"/> Beecher Road School | <input type="checkbox"/> Peck Place School |
| <input type="checkbox"/> Race Brook School | <input type="checkbox"/> Turkey Hill School | <input type="checkbox"/> Other (fill out information below) |

School/Business Name _____

Telephone Number _____

Street Address _____

Fax Number _____

City, State, Zip _____

SECTION 3: I hereby request the transfer of records **TO** the following (please place checkmark in box):

- | | | |
|---|--|---|
| <input type="checkbox"/> Amity Middle School <u>Bethany</u> | <input type="checkbox"/> Amity Middle School <u>Orange</u> | <input type="checkbox"/> Amity Regional High School |
| <input type="checkbox"/> OTHER (please fill out information below): | | |

School/Business Name _____

Telephone Number _____

Street Address _____

Fax Number _____

City, State, Zip _____