

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 check mark 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 check mark 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>
190 Luke Hill Rd
Bethany, CT 06524
P:203-393-3102 F: 203-393-0583 | <input type="checkbox"/> Amity Middle School Orange
100 Ohman Ave
Orange, CT 06477
P: 203-392-3200 F: 203-387-7603 | <input type="checkbox"/> Amity Regional High School
25 Newton Rd
Woodbridge, CT 06525
P: 203-397-4830 F: 203-397-4866 |
|--|---|--|

OTHER (please fill out information below):

School/Business Name _____ Telephone Number _____
 Street Address _____ Fax Number _____
 City, State, Zip _____