

Mr. Robert Angeli  
Superintendent of Schools  
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### AUTHORIZATION TO RELEASE RECORDS

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ D.O B. \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ D.O B. \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ D.O B. \_\_\_\_\_

- Medical Health Records
- Attendance Records
- Discipline/Suspension Records
- Any other Pertinent Information
- Academic Records- Cumulative Folder
- Special Education Records (including evaluations, PPT records, IEP)

I hereby authorize \_\_\_\_\_ to release all records indicated above concerning my child/children to:

**Killingly High School**  
226 Putnam Pike  
Dayville, CT 06241  
Fax: 860 774-0846

**Killingly Intermediate School**  
1599 Upper Maple Street  
Dayville, CT 06241  
Fax: 860 779-9639

**Killingly Central School**  
60 Soap Street  
Dayville, CT 06241  
Fax: 860 774-3299

**Killingly Memorial School**  
339 Main Street  
Danielson, CT 06239  
Fax 860 774-6028

**Goodyear Early Childhood Center**  
22 Williamsville Road  
Rogers, CT 06263  
Fax: 860 774-6772

I hereby authorize \_\_\_\_\_ to release all **Special Education** records indicated above concerning my child/children to:

OFFICE OF PUPIL PERSONNEL SERVICES  
79 WESTFIELD AVE.  
DANIELSON, CT 06239

#### LAST SCHOOL ATTENDED

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**State of Connecticut Public Act No 00 220- Substitute House Bill No. 5317**

When a student enrolls in a school in a new school district, the new school district shall provide written notification of such enrolment to the school district in which the student previously attended school. The school district in which the student previously attended school (1) shall transfer the student's education records to the new school district no later than ten days after receipt of such notification and (2) if the student's parent or guardian did not give written authorization for the transfer of such records, shall send notification of the transfer to the parent or guardian at the same time that it transfers the records

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized School Signature

\_\_\_\_\_  
Date