



AUTHORIZATION TO RELEASE RECORDS

NAME: _____ GRADE: _____ D.O B. _____
 NAME: _____ GRADE: _____ D.O B. _____
 NAME: _____ GRADE: _____ D.O B. _____

- | | |
|--|--|
| <input type="checkbox"/> Medical Health Records
<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Discipline/Suspension Records
<input type="checkbox"/> Any other Pertinent Information | <input type="checkbox"/> Academic Records- Cumulative Folder
<input type="checkbox"/> Special Education Records (including evaluations, PPT records, IEP)
<input type="checkbox"/> Academic Records- Cumulative Folder |
|--|--|

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Killingly High School
226 Putnam Pike
Dayville, CT 06241
Fax: 860 774-0846 | <input type="checkbox"/> Killingly Intermediate School
1599 Upper Maple Street
Dayville, CT 06241
Fax: 860 779-9639 | <input type="checkbox"/> Killingly Central School
60 Soap Street
Dayville, CT 06241
Fax: 860 774-3299 |
| <input type="checkbox"/> Killingly Memorial School
339 Main Street
Danielson, CT 06239
Fax 860 774-6028 | <input type="checkbox"/> 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