



NORWALK PUBLIC SCHOOLS

125 East Avenue

Norwalk, Connecticut 06852

Phone: 203-854-4000 Fax: 203-838-3299

WRITTEN CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION

Student's Name: _____ DOB: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Primary Guardian Home Phone: _____ Primary Guardian Cell Phone: _____

I hereby request that Norwalk Public Schools release and/or obtain the following confidential information regarding my child:

- _____ Special Education Records & Related Information (IEP, PPT Minutes, Psychological, Psychiatric, Speech/Language, Learning Disability)
- _____ Standardized Test Scores
- _____ Grades/Transcripts/Attendance
- _____ Expulsion and Suspension Records
- _____ Medical/Health Record (including immunization history)
- _____ Verbal Communication
- _____ Other as specified: _____

PLEASE **RELEASE** THE FOLLOWING INFORMATION TO: _____

PLEASE **OBTAIN** THE FOLLOWING INFORMATION FROM: _____

Signature: _____ Date: _____

Print Name: _____

Relationship to Student: _____

FOR NORWALK PUBLIC SCHOOLS USE:		
The identified records have been released as per the above request on the date indicated below:		
_____	_____	_____
Date	School Name	School Representative