

AMITY REGIONAL SCHOOL DISTRICT NO. 5  
BETHANY \* ORANGE \* WOODBRIDGE  
25 Newton Road, Woodbridge, CT 06525



**WRITTEN CONSENT FOR  
TRANSFER OF CONFIDENTIAL INFORMATION**

I hereby request that the Amity Regional School District **obtain and/or release** confidential information as indicated, regarding:

STUDENT NAME

DATE OF BIRTH

STREET ADDRESS

TELEPHONE

CITY, STATE, ZIP CODE

School District may:  
Obtain    Release

School District may:  
Obtain    Release

Grade 7 Report Card

Grade 8 Report Card

Other (Specify)

Other (Specify)

FROM / TO:

NAME AND TITLE

TELEPHONE

STREET, CITY, STATE, ZIP CODE

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

SIGNATURE

DATE SIGNED

Please release information to Amity Regional School District, attention of:

**Angelo Amato, Science Department Chair**

NAME AND TITLE

**25 Newton Rd. Woodbridge, CT 06524**

ADDRESS

**Angelo.amato@reg5.k12.ct.us**

E-mail

**203-397-4830 ext 3030**

TELEPHONE

FAX NUMBER