

Woodbridge School District  
Beecher Road School  
40 Beecher Road  
Woodbridge, CT 06525

**REQUEST FOR SCHOOL RECORDS**

(Child's Name) \_\_\_\_\_, will be enrolled at  
**BEECHER ROAD SCHOOL** as of (date) \_\_\_\_\_ in grade \_\_\_\_\_.

**Former School Name and Address:**

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

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

City, ST, Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Please release the following information regarding my child (named above):

- General Education Records
- Special Services Records
- Medical/Health Records

I understand that all information will be used to determine an appropriate educational program for my child and will be reviewed with me if requested.

Parent/Guardian Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Printed name Parent/Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**PLEASE SEND INFO TO:**

Attn: Laura Abbott  
Beecher Road School  
40 Beecher Road  
Woodbridge, CT 06525  
Email: [labbott@woodbridgeps.org](mailto:labbott@woodbridgeps.org)  
Phone: 203-389-2195 ext. 102  
Fax: 203-389-2196

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Date records requested: \_\_\_\_\_ Date records received: \_\_\_\_\_