



## Release to Obtain Prior School Student Records

Name of Student (first, MI, last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

### *Previous School Information:*

Name of School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act, a student's parent/guardian (or the student themselves if 18 years-old) must provide written permission in order for their previous school to release educational and health information. I authorize \_\_\_\_\_  
(previous school)  
to send Westport Public Schools a copy of my child's educational and health records. In addition, I give permission for my child's previous school and Westport Public Schools staff to communicate regarding their educational planning.

Student Signature (if 18+): \_\_\_\_\_ Date: \_\_\_\_\_

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

Westport Public Schools requests the following records to be sent from the previous school:

- transcript/report cards including elementary school, middle school, and high school
- grades to date of withdrawal for any middle school or high school courses currently in progress
- state and/or national standardized testing results
- health/medical records
- attendance and discipline records
- copy of the withdrawal form or other documentation to confirm the student is no longer enrolled
- other pertinent information (e.g., proof of guardianship, conservatorship, custody agreement, or legal documentation)
- if applicable, **special education** cumulative records (paper file) and electronic records; if moving from another Connecticut public school, please transfer the student's record via Frontline IEP to Westport Public Schools
- if applicable, most recent section **504** plan; if moving from another Connecticut public school, please transfer the student's record via Frontline 504 to Westport Public Schools
- if applicable, **ESL/EL/ELL** identification information and assessment results

Please forward the records listed above to:

Staples High School  
70 North Avenue  
Westport, CT 06880  
shscounseling@westportps.org  
phone: 203-341-1225 fax: 203-341-1235