



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: