



GRISWOLD PUBLIC SCHOOLS

211 Slater Avenue, Griswold, CT 06351

Tel: (860) 376-7600 Fax: (860) 376-7607

griswoldpublicschools.org

Sean P. McKenna, Superintendent of Schools
Erik Christensen, Director of Fiscal & Personnel Services

Glenn LaBossiere, Assistant Superintendent of Schools
Christopher Champlin, Director of Student Services

RELEASE OF RECORDS FORM

This form is used as an authorization to release, obtain, and/or exchange information for a student entering or exiting Griswold Public Schools. Please see page 2 for instructions on where to send records.

Date: _____

Student Name: _____

Date of Birth (M/D/Y): _____ Current Grade: _____

Address: _____
Street City State Zip Code

Pursuant to the Family Educational Rights and Privacy Act (FERPA), I hereby authorize Griswold Public Schools to: ☐ **obtain from** ☐ **release to** and/or ☐ **exchange** the specific information and/or records identified below.

From/To: _____
Name of school last attended or entering

Address: _____
Street City State Zip Code

Phone: _____ Fax: _____

Schools within the State of Connecticut will forward original health folders as prescribed by law (Section 10-206d, Connecticut General Statutes).

Information to be released:

☐ Official Academic Record, including Grades/ Transcripts and Standardized Assessment Results	☐ Complete Special Education or Section 504 Records, including current IEP or 504 Plan, Evaluations, and all Student Services Records
☐ Attendance Records	☐ McKinney-Vento Status
☐ School Health Records	☐ EL/MLL Status
☐ Discipline Records	☐ Phone Consultation
☐ Students entering from CT School: SASID #: _____	☐ Please forward free/reduced meal or free milk application, if applicable.



GRISWOLD PUBLIC SCHOOLS RELEASE OF RECORDS FORM

I understand that the information to be disclosed is protected as an "educational record" under FERPA and that such information shall not be redisclosed unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receive protected information under FERPA may use such information only for purposes for which the disclosure is made.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

The above records should be sent to/from:

☐ GRISWOLD ELEMENTARY SCHOOL (GES)	☐ GRISWOLD MIDDLE SCHOOL (GMS)
gesattendance@griswoldpublicschools.org Phone: (860) 376-7610 Fax: (860) 376-7612	gmsoffice@griswoldpublicschools.org Phone: (860) 376-7630 Fax: (860) 376-7631
303 Slater Avenue, Griswold, CT 06351	211 Slater Avenue, Griswold, CT 06351
☐ GRISWOLD HIGH SCHOOL (GHS)	☐ GRISWOLD SOULE STREET ACADEMY / SPECIAL EDUCATION DEPARTMENT
Darlene Melgey, Registrar DMelgey@griswoldpublicschools.org Phone: (860) 376-7640 Fax: (860) 376-7684	Christopher Champlin, Director of Student Services Phone: (860) 376-7650 Fax: (860) 376-7607
267 Slater Avenue, Griswold, CT 06351	211 Slater Avenue, Griswold, CT 06351