

AMITY REGIONAL SCHOOL DISTRICT NO. 5

Bethany Orange Woodbridge
25 Newton Road, Woodbridge Connecticut 06525
P: (203) 397-4811 District Office
F: (203) 397-4864 District Office



WRITTEN CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION

STUDENT NAME _____

DATE OF BIRTH _____

CURRENT GRADE _____

Please place a check mark in requested records below:

<input type="checkbox"/>	School Transcript	<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	School Health Records	<input type="checkbox"/>	Oral Communication
<input type="checkbox"/>	Special Education Records	<input type="checkbox"/>	Other (Please Specify)

Consent granted by:

(custodial) parent

guardian

student who is 18 or older

Signature _____

Date Signed _____

SECTION 2: I hereby request the transfer of records FROM the following (please place a check mark in a box):

- | | | |
|---|--|---|
| <input type="checkbox"/> Amity Middle School Bethany | <input type="checkbox"/> Amity Middle School Orange | <input type="checkbox"/> Amity Regional High School |
| <input type="checkbox"/> Bethany Community School | <input type="checkbox"/> Beecher Road School | <input type="checkbox"/> Peck Place School |
| <input type="checkbox"/> Race Brook School | <input type="checkbox"/> Turkey Hill School | <input type="checkbox"/> Other (if checking this box fill out School info below) |

School/Business Name _____

Telephone Number _____

Street Address _____

Fax Number _____

City, State, Zip _____

SECTION 3: I hereby request the transfer of records TO the following (please place checkmark in box):

- | | | |
|--|---|--|
| <input type="checkbox"/> Amity Middle School Bethany
190 Luke Hill Rd
Bethany, CT 06524
P: 203-393-3102 F: 203-393-0583
Nurse Fax 203-393-4044 | <input type="checkbox"/> Amity Middle School Orange
100 Ohman Ave
Orange, CT 06477
P: 203-392-3200 F: 203-387-7603
Nurse Fax 203-389-3877 | <input type="checkbox"/> ARHS No5 Counseling Department
25 Newton Rd
Woodbridge, CT 06525
P: 203-397-4830 F: 203-392-2078
Nurse Fax 203-397-4868 |
|--|---|--|

Others (if checking this box fill out school info below):

School/Business Name _____

Telephone Number _____

Street Address _____

Fax Number _____

City, State, Zip _____