

TRUMBULL PUBLIC SCHOOLS

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION/RECORDS

Student Name: _____ **Date of Birth:** _____

I hereby authorize Trumbull Public Schools, 6254 Main Street, Trumbull, CT 06611) to exchange written education information and/or records and/or verbal communication for the purpose(s) cited below.

_____ (Current School or Consultant Name)

_____ (Current School/Consultant Address)

Description: *Education information to be disclosed:*

- | | | |
|--|---|--|
| <input type="checkbox"/> Student records* | <input type="checkbox"/> Teacher Reports | <input type="checkbox"/> Speech/language |
| <input type="checkbox"/> Educational testing | <input type="checkbox"/> Evaluation(s)/IEPs | <input type="checkbox"/> Psychiatric records |
| <input type="checkbox"/> Other | <u>HEALTH RECORDS/IMMUNIZATIONS</u> | |

***School transcripts, attendance and health records need to be requested directly from student's school.**

Purpose: *Information will be used for the following purpose(s):*

- | | |
|---|---|
| <input type="checkbox"/> Educational evaluation | <input type="checkbox"/> Educational planning |
| <input type="checkbox"/> Educational placement | <input type="checkbox"/> Other: _____ |

Authorization

This authorization is valid for the current school year. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent to the school/program administrator. I recognize that the Family Educational Rights and Privacy Act protect education records and that I can request information regarding my rights under the Act from Trumbull Public Schools.

Parent/Guardian Signature Date

Eligible Student Signature Date

Copies: Parent/Guardian
Agency/Consultant Releasing the Educational Information
School official Requesting/Receiving Information