



Ellington Public Schools

47 Main Street • PO Box 179
Ellington, Connecticut 06029

(860) 896-2300

RELEASE AND RECEIVE PERSONALLY IDENTIFIABLE INFORMATION

I give my permission to the Ellington Public Schools to release and receive the records of

_____ as specified below, to and from the following party

(Student Name)

or class of parties for the purpose(s) stated.

Party or Class of Parties to Whom Disclosure May Be Made:

Records to be Disclosed:

- | | |
|---|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Health |
| <input type="checkbox"/> All Educational Records | <input type="checkbox"/> All Medical Records |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Grades to date of Withdrawal | <input type="checkbox"/> All Confidential Material |
| <input type="checkbox"/> Tests | <input type="checkbox"/> Other _____ |

Purpose(s) for Disclosure: _____

Signature of Parent/Eligible Student

Date

Any personally identifiable information obtained by the recipient cannot be re-disclosed to a third party without the prior written permission of the parent of the student, or of the eligible student.

Please send requested records to:

Name

Title of Authorizing School Official

Date

