



Request for Release of Student Records

Student Information

Last Name, First Name, Middle Name:	
Date of Birth:	Grade Level:

Releasing School Information

School Name:	School District:
School Address (Street, City, State):	
School Phone Number:	School Fax Number:

Student Records Requested:

- Cumulative Academic Record and all medical/health assessment & immunization records
- Special Education Record including but not limited to all assessments*

***These records are for the purpose of education planning and programming. No party should have access to confidential student records without prior written permission of the parent/guardian of the student, or the eligible student.**

The student noted above has registered for enrollment in Ellington Public Schools. In accordance with CGS §10-220h, please forward the student's cumulative academic record and if applicable special education records to the following within ten (10) days following the receipt of this communication:

- | | | |
|--|--|--|
| <input type="checkbox"/> Center School (K-6)
49 Main Street
Ellington, CT 06029 | <input type="checkbox"/> Windermere School (PK-6)
2 Abbott Road
Ellington, CT 06029 | <input type="checkbox"/> Crystal Lake School (PK-6)
59 South Road
Ellington, CT 06029 |
| <input type="checkbox"/> Ellington Middle School (7-8)
46 Middle Butcher Road
Ellington, CT 06029 | <input type="checkbox"/> Ellington High School (9-12)
37 Maple Street
Ellington, CT 06029 | |

I, _____ the undersigned parent/guardian, am withdrawing my student from the releasing school and authorizing the transfer and release of my child's records to Ellington Public Schools.

Parent/Guardian Signature

Date