

Ellington Public Schools 47 Main Street, P.O. Box 179 Ellington, CT 06029-0179

Phone: 860-896-2300 - Fax 860-896-2312

www.ellingtonpublicschools.org

## **Request for Release of Student Records**

Student Information			
Last Name, First Name, Middle N	ame:		
Date of Birth:		Grade Level:	
Releasing School Information			_
School Name:		School District:	
School Address (Street, City, State	e):		
School Phone Number:		School Fax Number:	
Student Records Requested:			_
Cumulative Academic Record i  Special Education Record i  *These records are for the p have access to confidential s parent/guardian of the stude  The student noted above has regi CGS §10-220h, please forward the	ncluding but not urpose of educatio tudent records wit ent, or the eligible stered for enrollr	imited to all assessment planning and programme hout prior written perminstudent.	nts* ming. No party should ssion of the C Schools. In accordance with
education records to the followin  Center School (K-6)  49 Main Street, P.O. Box 220	g within ten (10)		
Ellington, CT 06029		, CT 06029	Ellington, CT 06029
Ellington Middle School (7-8) 46 Middle Butcher Road Ellington, CT 06029	37 Maple	High School (9-12) e Street, P.O. Box 149 , CT 06029	
I, the releasing school and authorizing the	e undersigned pa he transfer and re	rent/guardian, am with lease of my child's reco	drawing my student from the ords to Ellington Public Schools.
Parent/Guardian Signature			 Date