

**SIMSBURY PUBLIC SCHOOLS  
SIMSBURY, CT 06070**

**AUTHORIZATION TO RELEASE / OBTAIN STUDENT RECORDS**

TO: Person or Place to  
Release To or Obtain From \_\_\_\_\_

To The Attention Of \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

FROM: **CENTRAL SCHOOL  
29 MASSACO STREET  
SIMSBURY, CT 06070**

**Telephone: 860-658-4732  
Fax: 860-658-3620**

STUDENT NAME: \_\_\_\_\_ (For Office Use)  
CT SASID #: \_\_\_\_\_

DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ YEAR of GRADUATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

Permission is hereby given to the Simsbury Public Schools to  release  obtain the following information regarding the above named student:

**ALL STUDENT RECORDS (Includes those listed below)**

**PERMANENT ACADEMIC RECORDS**

(Student transcript, standardized test data, supplemental data, etc.)

**SPECIAL SERVICES RECORDS**

(Planning & Placement Team Meetings, Individualized Education Plans, Psychological, Educational, Social Work, and / or Speech-Language Evaluations, etc.)

**HEALTH RECORDS** (other than state mandated records for school attendance)

**RECORDS FROM AGENCIES / PROFESSIONALS OUTSIDE THE SCHOOL SYSTEM**

**VERBAL AND / OR WRITTEN COMMUNICATION BETWEEN SCHOOL STAFF AND OUTSIDE PROFESSIONALS**

Is the student presently receiving Special Education? Yes  No

Has the student received Special Education in the past? Yes  No

\_\_\_\_\_  
*Signature of Parent / Guardian / Student (18 years of age or older)*

\_\_\_\_\_  
*Date*

**Reason to release / obtain records:**

Family moving into / out of Simsbury

Transfer into /out of Open Choice Program

Student transferring to / from private school

Plan appropriate educational program

Student transferring to / from magnet/tech school

Other

**PLEASE COMPLETE AND SIGN BELOW IF YOU ARE WITHDRAWING YOUR CHILD FROM SPS:**

Please withdraw my child from Simsbury Public Schools as of \_\_\_\_\_  
Student's last day of school

\_\_\_\_\_  
*Signature of Parent / Guardian*

\_\_\_\_\_  
*Date*

*Please read the back of this form for information concerning Student Record Regulations*

FOR OFFICE USE: Records Sent / Requested on \_\_\_\_\_ Staff \_\_\_\_\_  
(Date) (Name or Initials)

## **STUDENT RECORD INFORMATION**

The parent / guardian or adult student has the right to:

1. Inspect or have a representative review all education records which are collected, maintained, or used by the school. Please contact the school to set up an appointment in advance to complete this review.
2. Request from school staff an explanation and interpretation of school records.
3. Receive one free copy of the student's educational records.
4. Receive upon request a list of types and locations of education records collected, maintained or used by the school district.
5. Request in writing that the school amend information in the education records that the parent believes to be inaccurate, misleading or in violation of the privacy of the student. If the school district decides to refuse to amend the information, the parent will be informed in writing of the refusal and advised of the right to request a hearing to challenge the information in the education record.

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Release of student information or transfer of school records may take place only with the informed written consent of the parent \ guardian or adult student.

Further information or clarification of parent's rights and confidentiality of student records may be obtained by contacting your Building Principal or the Director of Special Services.