

**SIMSBURY HIGH SCHOOL**

**RELEASE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO/FROM:** Simsbury High School  
**Attn: School Counseling Office**  
34 Farms Village Road  
Simsbury, CT 06070

**STUDENT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**YEAR OF GRADUATION or CURRENT GRADE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

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

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

Permission is given to the Simsbury Public Schools to release/obtain records for the above named student:

\_\_\_\_\_ **PERMANENT ACADEMIC RECORDS** (student transcript, report card, tests scores, etc.)

\_\_\_\_\_ **SPECIAL SERVICES RECORDS**  
(PPT Meetings, IEPs, Psychological, Educational, Social Work, and/or Speech Language Evaluations, etc.)  
Is the student presently receiving Special Education? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has the student received Special Education in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ **504 RECORDS (Current)**

\_\_\_\_\_ **IMMUNIZATION RECORDS**

\_\_\_\_\_ **RECORDS FROM AGENCIES/PROFESSIONAL OUTSIDE THE SCHOOL SYSTEM**

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

\_\_\_\_\_ **OTHER RECORDS:** \_\_\_\_\_

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

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

**PLEASE READ THE BACK OF THIS FORM FOR INFORMATION CONCERNING STUDENT RECORD REGULATIONS**

**STUDENT WITHDRAWAL**

Please withdraw my child from the Simsbury Public School System as of \_\_\_\_\_

*Note: During the school year, the book return/withdrawal form must also be completed upon the student's last day.*

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

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

## 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 unofficial 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.
6. 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.
7. Joint Custody: It is the policy of the school district to obtain the signature of both parents with joint custody.

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

Simsbury High School  
**Attn: School Counseling Office**  
34 Farms Village Road  
Simsbury, CT 06070  
Telephone: (860) 658-0451 x310  
**Fax: (860) 658-1576**