

**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: **SIMSBURY HIGH SCHOOL
SCHOOL COUNSELING OFFICE
34 FARMS VILLAGE ROAD
SIMSBURY, CT 06070** Telephone: **860-658-0451, x310**
Fax: **860-658-1576**

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:

- | | |
|--|--|
| <input type="checkbox"/> Family moving into / out of Simsbury | <input type="checkbox"/> Transfer into /out of Open Choice Program |
| <input type="checkbox"/> Student transferring to / from private school | <input type="checkbox"/> Plan appropriate educational program |
| <input type="checkbox"/> Student transferring to / from magnet/tech school | <input type="checkbox"/> 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.

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.