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# POMFRET PUBLIC SCHOOLS

*Pupil Services Department*

20 Pomfret Street • Pomfret Center, CT 06259 • Phone: (860) 928-2718 • Fax: (860) 928-3839

Website: [www.pomfret@pomfretcommunityschool.org](http://www.pomfret@pomfretcommunityschool.org)

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**Michael Cummings**

*Superintendent of Schools*

**Susan  
Imschweiler**

*Principal*

**Erica Caouette**

*Director of Special  
Education*

**Michael P. Galligan**

*Assistant Principal*

## **AUTHORIZATION TO RELEASE AND TRANSFER RECORDS**

**STUDENT NAME:**

**DOB:**

**TO/FROM:**

Pomfret Community School

860-928-2718

20 Pomfret Street

FAX 860-928-3839

Pomfret Center, CT 06259

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**TO/FROM:**

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### **THE FOLLOWING RECORDS ARE INCLUDED IN THIS RELEASE:**

- I. Academic Records – Cumulative Folder**
- II. Medical/Health Records; Physician Reports; Hospital Reports; Physical Therapy Reports; Occupational Therapy Reports**
- III. Special Education Records (Including Evaluations, PPT Reports, IEP's)**
- IV. Attendance Records; Discipline/Suspension**
- V. Section 504 Evaluations, Minutes, Accommodation Plans**
- VI. DCF: Juvenile Court Records; FWSN Referrals, Outside Evaluations**
- VII. Any Other Pertinent Information**
- VIII. Information to be shared via phone call and/or email**

I hereby authorize Pomfret Community School to release and/or obtain all records described above concerning my child, \_\_\_\_\_

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

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