

POMFRET COMMUNITY SCHOOL

**20 Pomfret Street
Pomfret Center, CT 06259
Telephone 860-928-2718
Fax 860-928-3839**

**Stephen Cullinan
Superintendent of Schools**

**Susan Imschweiler
Principal**

AUTHORIZATION TO RELEASE AND TRANSFER RECORDS:

STUDENT NAME: _____ **GRADE:** _____ **DOB:** _____
New Home Address: _____

FROM: _____
School Mailing Address: _____

TO: _____
Address: _____

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

- I. Academic records – Cumulative Folder**
- II. Medical-Health Records**
- III. Special Education Records (including evaluations, PPT reports, IEP)**
- IV. Attendance Records, Discipline-Suspension Records**
- V. Any other Pertinent Information**
- VI. DCF; Juvenile Court records; FWSN referrals, outside evaluations**
- VII. Section 504 Evaluations, minutes and accommodations plans**

**I hereby authorize _____ to release all records described
above concerning my child.**

Signature of Parent/Legal Guardian

Date