REQUEST FOR RELEASE OF ACADEMIC RECORDS

STUDENT INFORMATION

Last Name, First Name, Middle Name:

Date of Birth:	Grade Level:

RELEASING SCHOOL INFORMATION

School Name:	School District:

School Address (City, State, Zip):

Phone Number:	Fax Number:

The student noted above has registered for enrollment in South Windsor Public Schools. In accordance with CGS §10-220h, please forward the student's cumulative academic record to the following school within ten (10) days following receipt of this communication:

☐ Eli Terry Elementary School
569 Griffin Road
South Windsor, CT 06074
Phone: (860) 648-5020
Fax: (860) 648-0142

☐ Orchard Hill Elementary School
380 Foster Street
South Windsor, CT 06074
Phone: (860) 648-5015
Fax: (860) 648-0141

☐ Philip R. Smith Elementary School
350 Foster Street
South Windsor, CT 06074
Phone: (860) 648-5025
Fax: (860) 648-5014

☐ Pleasant Valley Elementary School
591 Ellington Road
South Windsor, CT 06074
Phone: (860) 610-0291
Fax: (860) 282-2287

☐ South Windsor High School
School Counseling Department
161 Nevers Road
South Windsor, CT 06074
Phone: (860) 648-5003
Fax: (860) 648-5088

☐ Timothy Edwards Middle School
Guidance Department
100 Arnold Way
South Windsor, CT 06074
Phone: (860) 648-5033
Fax: (860) 474-1522

Pursuant to the parent/guardian authorization provided below, please also include the above-referenced child's <u>**health assessment and immunization records**</u> **with his/her cumulative file.**

Please note: If applicable, the request for special education records will be forwarded to your district separately. Please do not include special education records with the academic file.

I, the undersigned parent/guardian, am withdrawing my student from the releasing school and authorizing the transfer and release of my child's academic and health records to the South Windsor school noted above.

Parent/Guardian Signature	Date

(For Office Use Only)

SASID:	Date Received:
Form Faxed/Mailed by:	Date Form Faxed/Mailed:
Records Processed by:	Date Records Received: