

**TRUMBULL PUBLIC SCHOOLS
DIVISION OF PUPIL PERSONNEL & SPECIAL SERVICES**

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION/RECORDS

Student Name _____ Date of Birth _____

I hereby authorize Trumbull Public Schools, 6254 Main Street, Trumbull, CT 06611

and _____

to exchange written education information/records and/or verbal communication for the purpose(s) cited below.

_____ (Name and title of agency/consultant)

_____ (Address and telephone of agency/consultant)

Description: Educational Information to be disclosed:

Student records* Teacher reports Speech/language
 Educational testing Evaluation(s)/IEPs Psychiatric record

*School transcripts, attendance, and health records need to be requested directly from the student's school.

Purpose: Information will be used/or the following purpose(s):

Educational Evaluation Educational Planning
 Educational Placement Other

Authorization

This authorization is valid for the current school year.

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent to the school/program administrator. I recognize that the Family Educational Rights and Privacy Act protect education records and that I can request information regarding my rights under the Act from Trumbull Public Schools.

Parent/Guardian Signature

Date

Eligible Student Signature

Date