



South Windsor Public Schools

1737 Main Street • South Windsor, CT 06074

Phone: (860) 291-1200 • Fax: (860) 291-1291 • www.southwindsorschools.org

REQUEST FOR RELEASE OF SPECIAL EDUCATION RECORDS

SEND TO:

| | |
|--|-------------------------------|
| Name of Releasing School | |
| Releasing School's Address <i>(or City, State if address is unknown)</i> | |
| Releasing School's Phone Number | Releasing School's Fax Number |

| | |
|---|---------------|
| Student's Last Name, Student's First Name | Date of Birth |
|---|---------------|

The student noted above has been enrolled in South Windsor Public Schools. In accordance with CGS §10-220h, please forward the student's special education files within ten (10) days of receipt of this notification:

- Release Student's Entire Special Education Record * -OR-**
- Release only those items checked below: ***

| | | |
|---|---|--|
| <input type="radio"/> Health Record | <input type="radio"/> Psychological Record | <input type="radio"/> Grades |
| <input type="radio"/> Social Work Record | <input type="radio"/> Achievement Scores | <input type="radio"/> Speech Evaluation/Report |
| <input type="radio"/> Guidance Evaluation Check Lists | <input type="radio"/> I.Q. Scores | <input type="radio"/> Anecdotal Information |
| <input type="radio"/> Verbal Communication | <input type="radio"/> Special Education Teacher Evaluation Report | |
| <input type="radio"/> Other: _____ | | |
| <input type="radio"/> PPT Records (Notice of Meeting, Notice of Evaluation, Case Summaries, Referral, etc.) | | |

*These records are for the purpose of educational planning and programming. No party should have access to confidential student records without the written consent of the parent/guardian, or the student, if s/he is 18 years of age or a graduate.

**Files should be sent to:
South Windsor Public Schools, Attn: Special Services Department, 1737 Main Street, South Windsor, CT 06074**

I, the undersigned parent/guardian, do hereby authorize the release of records noted above to South Windsor Public Schools. I understand that I may review these materials before they are released. I understand that the items checked above will be forwarded to the entity requested within one week from the date of this release.

Print Parent/Guardian Name: _____

Parent/Guardian Signature Date

(For Office Use Only)

| | |
|-----------------------|-------------------------|
| SASID: | Date Received: |
| Records Processed by: | Date Records Processed: |