



Release of Information

The confidentiality of personally identifiable information is required under the policies and procedures outlined in Connecticut General Statutes, EHA-B 300-129, and the Family Educational Rights and Privacy Act (34 Code of Federal Regulations Part 99), as well as Clinton Public Schools' Policies and Procedures. This material shall not be transmitted to anyone without written consent and other authorization as provided in the aforementioned statutes, policies and procedures.

I grant permission for the Clinton Board of Education to: release to receive from

(School, Agency, Hospital, Doctor)

(Address)

the following information regarding: _____
(Student)

(Date of Birth) (Grade)

- Official Administrative Records
(Name, address birthdate, grade level completed, grades, class standing, attendance record, standardized achievement test scores)
- Special Education Records
(psychological, educational, speech/language, occupational/physical therapy evaluations, IEPs)
- Teacher and Counselor Observations and Ratings
- General Health Records
(record of immunization, recent physicals, record of visits to nurses' office)
- Other: _____

Signed: _____
(Parent/Guardian) (Date)

Address: _____ Phone: _____

Check one:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Lewin G. Joel School
137A Glenwood Rd.
Clinton, CT 06413
860-664-6501
860-664-6581 (fax) | <input type="checkbox"/> Jared Eliot Middle School
69 Fairy Dell Road
Clinton, CT 06413
(860) 664-6503
(860) 664-6583 (fax) | <input type="checkbox"/> The Morgan School
71 Killingworth Tpke
Clinton, Ct 06413
(860) 664-6504 | <input type="checkbox"/> Special Services
137B Glenwood Rd.
Clinton, CT 06413
(860) 664-6505
(860) 664-6585 (fax) |
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