

## **RELEASE OF INFORMATION**

The confidentiality of personally identifiable information is required under the policies and procedures outlined in Connecticut General Statuses, 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 th	e Clinton Board of Education to:	release to	receive from	
(School, Agency, Hospit	al, Doctor)			
(Address)				
the following informatio				
	(Student)			
(Date of Birth)		-	(Grade)	
	e Records , address, birthdate, CT SASID, grad tandardized achievement test score		s standing,	
Special Education Re (psychological, educa	cords ational, speech/language, occupatio	nal/physical therapy evaluation	is, IEPs)	
Teacher and Counsel	or Observations and Ratings			
General Health Reco (record of immunizat	rds ion, recent physicals, record of visits	to school health office)		
Other:				
Signed:				
(Parent/Gua	ardian)		(Date)	
Address:		Phone:		
Check one:				
Lewin G. Joel School 137A Glenwood Rd. Clinton, CT 06413 860-664-6501 860-664-6581 (fax)	Jared Eliot Middle School 69 Fairy Dell Road Clinton, CT 06413 (860) 664-6503 (860) 664-6583 (fax)	The Morgan School 71 Killingworth Tpke Clinton, Ct 06413 (860) 664-6504	Special Services 137B Glenwood Rd. Clinton, CT 06413 (860) 664-6505 (860) 664-6585 (fax)	