

WESTON PUBLIC SCHOOLS

Authorization for Exchange of Educational Information

Student Name: _____ Date of Birth: _____

I hereby authorize the following schools/agencies to exchange information:

Weston Public Schools

Insert Sending/Receiving School Information

School Name	Weston High School	
Specific Party	Alana Cross	
Street	115 School Road	
City, State, Zip	Weston CT 06883	
Email for Specific Party	alanacross@westonps.org	
Phone Number	(203) 221-6510	
Fax Number	(203) 222-0421	

To exchange education information for the purpose(s) listed below.

Description:
The education information to be disclosed consists of:

<input type="checkbox"/> Complete Record	<input type="checkbox"/> Observation of student in the school
<input type="checkbox"/> Education Testing	<input type="checkbox"/> Speech/language
<input type="checkbox"/> Attendance Records	<input type="checkbox"/> School health records
<input type="checkbox"/> Disciplinary Records	<input type="checkbox"/> Other: _____

Purpose: This information will be used for the following purpose(s):

- Educational evaluation
- Educational planning
- Educational placement
- Transfer to another school
- Other: _____

Authorization

This authorization is valid for one calendar year. I will expire on _____ (insert date). 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 education records are protected by the Family Educational Rights and Privacy Act and that I can request information regarding my rights under the Act from Weston Public Schools.

Parent/Guardian Signature _____ Date _____

Eligible /Student Signature _____ Date _____

Copies: Parent/Guardian or eligible student _____ (date)
 Agency/consultant releasing the educational information _____ (date)
 School official requesting/receiving the educational information _____ (date)