

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 Middle School	
Specific Party	Andrea Russo	
Street	135 School Road	
City, State, Zip	Weston CT 06883	
Email for Specific Party	andrearusso@westonps.org	
Phone Number	(203) 221- 6360	

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):

<input type="checkbox"/> Educational evaluation
<input type="checkbox"/> Educational planning
<input type="checkbox"/> Educational placement
<input type="checkbox"/> Transfer to another school
<input type="checkbox"/> 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)