

Hurlbutt Elementary School (PK-2)

THIRD PARTY RELEASE FORM

I give permission to the Weston Public Schools to **obtain** the following records (written or oral) of my child:

Student Name: _____ Date of Birth: _____

Attending: _____

Please send records to:

Name of School/Agency: Weston Middle School

Specific Party: Laurie Eagle, Registrar

Address: 95 School Road
Weston, CT. 06883

Email: laurieeagle@westonps.org

Phone: 203-557-5900

Fax: 203-557-5979

Please check documents you wish to be released:

- School Transcript
- Cumulative school education records
- Medical records (recent physical assessments and all required updated immunizations)
- Psychological reports
- Educational reports
- Psychiatric evaluations
- Speech/Hearing/Language reports
- Evaluations from outside agencies, doctors, schools
- All of the above
- Other _____

Reason for requesting release of records:

- Transfer to another school
- Other _____

Signature of Parent/Guardian/Student (if 18 or older)

Date

This information is for the confidential use of the above-named personnel only who are directly involved in helping the child.

FOR OFFICE USE

Records requested mailed on: _____ (date)

Copy forwarded to parent/student, if requested on _____ (date)