

TOLLAND PUBLIC SCHOOLS
BIRCH GROVE PRIMARY SCHOOL
247 RHODES ROAD
TOLLAND, CT 06084
Tel. (860) 870-6750
Fax. (860) 870-6754

**AUTHORIZATION FOR RELEASE OF REQUESTED INFORMATION
(Third Party Release Form)**

I hereby authorize Birch Grove Primary School to release/receive the following records of:

Student's Full Name: _____ Grade: _____ DOB: _____

- | | |
|---|---|
| <input type="checkbox"/> Official Administration Record (name, address, birth date, grade level completed, grades, class standing, attendance record) | |
| <input type="checkbox"/> Standardized Achievement Test Scores | <input type="checkbox"/> Intelligence and Aptitude Test Scores |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Planning and Placement Team Records | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Social Work Records | <input type="checkbox"/> Teacher and Counselor Observations and Ratings |
| <input type="checkbox"/> Extracurricular Activities Records | <input type="checkbox"/> Family Background Data |
| <input type="checkbox"/> Other (specify) _____ | |

This release will be valid from (date) _____ until (date) _____
unless revoked in writing.

(For students under 18, only parents may give consent. For students 18 or over, only student may give consent.)

Student Signature (18 or over) _____ Date _____

Parent/Guardian Signature _____ Date _____

Records are to be sent to/released from: (new school or third party)

Name of School or Third Party

Street Address

Town

Zip Code

This authorization is requested in compliance with Public Law 93-380 Family Educational Right and Privacy Act of 1974, which requires that parents permit the release of records and know that such student information is being forwarded to another institution.

11/16/04