

SUFFIELD PUBLIC SCHOOLS

Suffield, CT 06078

THIRD PARTY RELEASE FORM

I give permission to the Suffield Public Schools to RELEASE OBTAIN the following records of my child:

(Student's Name)

(Present School)

RELEASE TO:

Jamie Neilson

(specific party)

Central Office

(specific party)

Suffield Public Schools

(agency or school)

350 Mountain Rd Suffield, CT 06078

(address)

860-668-3800

(Phone)

860-668-3805

(fax)

OBTAIN FROM:

(specific party)

(specific party)

(agency or school)

(address)

(phone)

(fax)

Please check documents you wish to be released or obtained:

- Psychological Reports
- Medical Reports
- Educational Reports
- Psychiatric Evaluations
- Speech/Hearing/Language Reports
- Evaluations from outside agencies, doctors, schools
- Phone conversation for educational planning
- All of the above
- OTHER (please specify): _____

SIGNATURE: parent/guardian/self

DATE

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

THIS RELEASE IS VALID FOR ONE YEAR FROM THIS DATE

MARK APPROPRIATE BOX FOR SPECIAL EDUCATION DEPARTMENT NOTIFICATION:

- Send out special education and/or related records
- Place this form in student's special education file (no records need to be sent)