



BRIDGEPORT PUBLIC SCHOOLS

45 Lyon Terrace
Bridgeport, Connecticut 06606
www.bridgeportedu.com

RELEASE OF RECORDS

Official Release of Records Request

I hereby authorize my child's former school :

(Name of Former School)

(Address of Former School)

(City, State, Zip)

(Phone Number of Former School) (Fax Number of Former School)

To release the following information on my child/children:

- Academic / Scholastic Records (cumulative record folder)
 - Medical Records
 - Confidential Records
- Special Education Information, Psychoeducational and/or language evaluation, IEP minuetts, and any other specialized information*

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Birth Date (mm/dd/yyyy)</i>	<i>Grade</i>
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Birth Date (mm/dd/yyyy)</i>	<i>Grade</i>
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Birth Date (mm/dd/yyyy)</i>	<i>Grade</i>

***If the child was previously attending another Connecticut Public School, please attach the CT State ID to this request.**

Parent/ Guardian Name (Last, First, Middle)

Address (Street, City, State, Zip)

_____ Parent/Guardian's Signature	_____ Date (mm/dd/yyyy)
--------------------------------------	----------------------------

Please forward academic records to:

FAIRCHILD WHEELER INTERDISTRICT CAMPUS
C/O BRIDGEPORT AQUACULTURE
60 ST. STEPHENS ROAD
BRIDGEPORT, CONNECTICUT 06605
ATTEN: LIZ BRAY