

**FAIRFIELD PUBLIC SCHOOLS
FAIRFIELD, Connecticut**

PERMISSION TO COMMUNICATE AND/OR OBTAIN RELEASE RECORDS

STUDENT NAME: _____ D.O.B. _____

STUDENT EDUCATION RECORDS/INFORMATION RELEASE AUTHORIZATION FORM

_____ Special Education Records & Released Records
(IEP, PPT Minutes, Psychological, Social Work, Speech/Hearing Evaluations)

_____ Grades/Transcript

_____ Medical/Health Record

_____ Other As Specified: (Awards, Letters of Recommendation, Verbal Communications, etc.)

Please release the above information to:

SCHOOL NAME: _____

ADDRESS: _____

PHONE: () _____

FAX: () _____

Please obtain the above information from:

SCHOOL NAME: _____

ADDRESS: _____

PHONE: () _____

FAX: () _____

Reason for release: _____

(Signature)

(Date)

(Relationship to Student)

THIS IS TO ACKNOWLEDGE THAT THE IDENTIFIED RECORDS HAVE BEEN RELEASED AS
PER THE ABOVE REQUEST ON: _____.

(School Representative)