

## **Release to Obtain Prior School Student Records**

Name of Student (first, MI, last):		
Address:		
City:		Zip Code:
Date of Birth:	Current Grade:	
Previous School Information:		
Name of School:		
Address:		
City:		Zip Code:
Phone:	Fax:	
Withdrawal Date:	Counselor Name:	
In accordance with the Family Educational Rights a 18 years-old) must provide written permission in or information. I authorize	der for their previous school t to send Westpo ermission for my child's previ	o release educational and health rt Public Schools a copy of my child's
Student Signature (if 18+):		Date:
Parent/Guardian Signature:		Date:

Westport Public Schools requests the following records to be sent from the previous school:

- transcript/report cards including elementary school, middle school, and high school
- grades to date of withdrawal for any middle school or high school courses currently in progress
- state and/or national standardized testing results
- health/medical records
- attendance and discipline records
- copy of the withdrawal form or other documentation to confirm the student is no longer enrolled
- other pertinent information (e.g., proof of guardianship, conservatorship, custody agreement, or legal documentation)
- if applicable, **special education** cumulative records (paper file) and electronic records; if moving from another Connecticut public school, please transfer the student's record via Frontline IEP to Westport Public Schools
- if applicable, most recent section **504** plan; if moving from another Connecticut public school, please transfer the student's record via Frontline 504 to Westport Public Schools
- if applicable, **ESL/ELL** identification information and assessment results

Please forward the records listed above to: Mrs. Fran Geraci, Guidance Secretary

Staples High School 70 North Avenue Westport, CT 06880 fgeraci@westportps.org

phone: 203-341-1225 fax: 203-341-1235