

Stafford High School

Transfer of Confidential Student Information

Pursuant to the Family Educational Rights and Privacy Act (FERPA), I hereby authorize Stafford Public Schools to release and/or obtain the following confidential records regarding my child for the purpose of _____.

Student Name: _____

DOB: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Phone Number: _____

Transferring to/from:

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Transferring to/from:

Stafford High School
145 Orcuttville Road
Stafford Springs, CT 06076
Phone: 860-684-4233
Fax: 860-684-0424

I hereby authorize an exchange of information:

- | | |
|--|---|
| <input type="checkbox"/> All Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Cumulative File | <input type="checkbox"/> Health/Medical Records |
| <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Special Education/504/Related Services |
| <input type="checkbox"/> Other: _____ | |

I understand that the information to be disclosed is protected as an "educational record" under FERPA, and that such information shall not be redisclosed unless permitted under FERPA. I further understand that the officer, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made. I also understand this authorization is valid for one calendar year. It will expire on _____. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian