

WESTBROOK PUBLIC SCHOOLS

TRANSFER OF CONFIDENTIAL STUDENT INFORMATION

Date: _____

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize the Westbrook Public Schools to **release** and/or **obtain** (please circle) the following confidential records regarding my child:

Name of Child: _____

Address: _____

DOB: _____

Parent(s)/Guardian(s): _____

School: _____

(Please check all that apply)

	<u>Obtain</u>	<u>Release</u>
All Records	<input type="checkbox"/>	<input type="checkbox"/>
Cumulative File	<input type="checkbox"/>	<input type="checkbox"/>
Pupil Personnel/Special Education	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary	<input type="checkbox"/>	<input type="checkbox"/>
Health/Medical*	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

To/From: _____

Name

Address: _____

Street

Town

State/Zip Code

Telephone: (____) _____

Fax: (____) _____

I understand that the information to be disclosed is protected as an "education record" under FERPA, and that such information shall not be redisclosed unless permitted under FERPA. I further understand that the officers, 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.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian