

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> <b>Birch Grove Primary School</b><br>247 Rhodes Road<br>Tolland, CT 06084<br>Tel. (860) 870-6750 | <input type="checkbox"/> <b>Tolland Intermediate School</b><br>96 Old Post Road<br>Tolland, CT 06084<br>Tel. (860) 870-6885 | <input type="checkbox"/> <b>Tolland Middle School</b><br>1 Falcon Way<br>Tolland, CT 06084<br>Tel. (860) 870-6860 | <input type="checkbox"/> <b>Tolland High School</b><br>1 Eagle Hill<br>Tolland, CT 06084<br>Tel. (860) 870-6818 |
|---|---|---|---|

**AUTHORIZATION FOR RELEASE OF REQUESTED INFORMATION  
(Third Party Release Form)**

**I hereby authorize Tolland Public Schools to release/receive the following records of:**

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

<input type="checkbox"/> Official Administration Record (name, address, birth date, grade level completed, grades, class standing, attendance record)	
<input type="checkbox"/> Standardized Achievement Test Scores	<input type="checkbox"/> Intelligence and Aptitude Test Scores
<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Special Education Records
<input type="checkbox"/> Planning and Placement Team Records	<input type="checkbox"/> Health Records
<input type="checkbox"/> Social Work Records	<input type="checkbox"/> Teacher and Counselor Observations and Ratings
<input type="checkbox"/> Extracurricular Activities Records	<input type="checkbox"/> Family Background Data
<input type="checkbox"/> Other (specify) _____	

**This release will be valid from (date) \_\_\_\_\_ until (date) \_\_\_\_\_ unless revoked in writing.**

(For students under 18, only parents may give consent. For students 18 or over, only student may give consent.)

Student Signature (18 or over) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
**Records are to be sent to/released from: (new school or third party)**

\_\_\_\_\_  
Name of School or Third Party

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
Zip Code

This authorization is requested in compliance with Public Law 93-380 Family Educational Right and Privacy Act of 1974, which requires that parents permit the release of records and know that such student information is being forwarded to another institution.