**Release of Records**

**I hereby authorize Brooklyn Middle School to:**

|  |  |  |  |
| --- | --- | --- | --- |
| Release |  | Request |  |

**The following records of my child:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Social Work Records |  | Health Records  |
|  | Psychological Records  |  | Achievement Score |
|  | Speech Evaluations |  | Anecdotal Information  |
|  | Education Evaluations |  | Academic Records/Grades |
|  | PPT Meeting Minutes  |  | Guidance Evaluations |
|  | IEP’s  |  | Psychiatric Reports  |
|  | Admission Summaries  |  | Discharge Summaries  |
|  | ISSIS Information |  | Other (Please Specify) |

|  |  |
| --- | --- |
| **School Transferring from:** |  |

I hereby authorize the release of academic, health, psychological, special education records and any other pertinent information for the above named.

|  |  |
| --- | --- |
| **Parent/Guardian Signature:**  |  |

Please send records to: Brooklyn Middle School 119 Gorman Road Brooklyn, CT 06234