



**South Windsor Public Schools**  
 1737 Main Street – South Windsor, CT 06074  
 Phone: 860-291-1200 – Fax 860-291-1291 – [www.southwindsorschools.org](http://www.southwindsorschools.org)

## Request for Release of Student Records

### Student Information

Last Name, First Name, Middle Name:	
Date of Birth:	Grade Level

### Releasing School Information

School Name:	School District:
School Address (Street, City, State)	
School Phone Number:	School Fax Number:

### Student Records Requested:

- Cumulative Academic Record, including child’s health assessment & immunization records
- Special Education Record\*

**The student noted above has registered for enrollment in South Windsor Public Schools. In accordance with CGS §10-220h, please forward the student’s cumulative academic record and if applicable special education records to the following within ten (10) days following the receipt of this communication:**

*South Windsor Public Schools  
 Attn: Student Services Department  
 1737 Main Street  
 South Windsor, CT 06074*

**\*These records are for the purpose of education planning and programing. No party should have access to confidential student records without the written consent of the parent/guardian, or the student, if s/he is 18 years of age or a graduate.**

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I, the undersigned parent/guardian, am withdrawing my student from the releasing school and authorizing the transfer and release of my child’s records to South Windsor Public Schools.

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Parent/Guardian Signature

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Date