

**Regional School District #13**  
**Department of Pupil Personnel Services**  
**Release of Information**

I give permission to \_\_\_\_\_

**Name of last school attended**

\_\_\_\_\_

Address

\_\_\_\_\_

For the release of academic records, test results, psychological reports, personal and medical data, PPT/IEP data, and any additional pertinent materials regarding

\_\_\_\_\_

**Student**

\_\_\_\_\_

**Date of Birth**

to the Regional School District #13 School System. I understand that this information will be treated as confidential and will be used and interpreted by qualified personnel.

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

Date \_\_\_\_\_

Send to: Guidance Department

Middlefield Memorial School

124 Hubbard Street

Middlefield, CT 06455