AVON PUBLIC SCHOOLS

AVON, CT 06001

AUTHORIZATION TO **OBTAIN** STUDENT RECORDS

Questions? Call 860-404-4700

Send Documents to: Registration Secretary

- ☐ Avon High School – 510 West Avon Road, Avon, CT 06001 – Phone 860-404-4740 – Fax 860-404-4743
- ☐ Avon Middle School – 375 West Avon Road, Avon, CT 06001 – Phone 860-404-4770 – Fax 860-404-4773
- ☐ Thompson Brook School – 150 Thompson Road, Avon, CT 06001 – Phone 860-404-4870 – Fax 860-404-4873
- ☐ Pine Grove School – 151 Scoville Road, Avon, CT 06001 – Phone 860-404-4790 – Fax 860-404-4793
- ☐ Roaring Brook School – 30 Old Wheeler Road, Avon, CT 06001 – Phone 860-404-4810 – Fax 860-404-4813
- ☐ Avon Board of Education – 34 Simsbury Road, Avon, CT 06001 – Phone 860-404-4700 – Fax 860-404-4722

Student Information

Student:_____ Birthdate: _____ Current Grade:_____

Current Address:_____

Parent Name:_____ Phone #:_____

☐ Family/student moving into Avon ☐ Student transferring from another in-state school ☐ Plan appropriate educational program

Previous School Attended – (to release documents)

School Name:_____

Address:_____

Street Town State Zip Code

School Phone #: _____ School Fax #:_____

Permission is hereby given to the Avon Public Schools to obtain the following information regarding the above named student:

- ☐ ALL STUDENT RECORDS (includes all records listed below)
- ☐ SPECIFIC RECORDS (checked below)
  - ☐ PERMANENT ACADEMIC RECORDS (transcript, standardized test data, supplemental data, etc.)
  - ☐ SPECIAL EDUCATION RECORDS (Planning & Placement Team Meetings, Individualized Education Plans, Psychological and Educational Evaluations, Social Worker Reports and Assessments, Speech & Language Evaluations, etc.)
  - ☐ HEALTH RECORDS (other than state mandated records for school attendance)
  - ☐ RECORDS FROM AGENCIES/PROFESSIONALS OUTSIDE OF THE SCHOOL DISTRICT

1. The student presently receives special education services? ☐ yes ☐ no
2. The student has received special education services in the past? ☐ yes ☐ no
3. The student presently receives services under Section 504? ☐ yes ☐ no
4. The student has received services under Section 504 in the past? ☐ yes ☐ no

I declare that I am the adult student or parent/guardian of the minor student to which the records pertain. I authorize the Avon Public Schools to obtain the records checked above.

_____ _____

Signature of Parent/Guardian/Student (18 years of age or older) Date

FOR OFFICE USE:

Date records requested:_____ By: _____