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| **STONINGTON** PUBLIC SCHOOLS**49 North Stonington Road · P.O. Box 479 · Old Mystic, CT 06372****Phone: (860) 572-0506 Fax: (860) 572-1470****BOARD OF EDUCATION: Frank Todisco, Chairperson; Deborah Downie, Secretary** |  |
|  |  |
| **SUPERINTENDENT** | **ASSISTANT SUPERINTENDENT** | **DIRECTOR OF SPECIAL SERVICES** | **BUSINESS MANAGER** |
| Van W. Riley, Ph.D. | Nikki Gullickson | Allison Van Etten | William King |
|  |
| **TRANSFER OF CONFIDENTIAL STUDENT INFORMATION** |
| **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)** |
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|  |  |
| Date |  |
|  |
| Pursuant to the Family Educational Rights and Privacy Act (“FERPA”), I hereby authorize the Stonington Public Schools to **release** and/or **obtain** (please circle) the following confidential records regarding my child: |
|  |
| **Name of Child:** |  | **DOB:** |  |
|  |  |
| **Address:** |  | **Town/State/Zip Code:** |  |
|  |  |
| **Parent(s)/Guardians(s):** |  | **School:** |  |
|  |
| **(Please check all that apply.)** | **Obtain** | **Release** |  |
|  |  |  |  |
| All records | [ ]  | [ ]  |  |
| Cumulative File | [ ]  | [ ]  |  |
| Pupil Personnel/Special Education | [ ]  | [ ]  |  |
| Disciplinary | [ ]  | [ ]  |  |
| Health/Medical **\*** | [ ]  | [ ]  |  |
| Other (please specify): |  |  |  |
|  | [ ]  | [ ]  |  |
|  | [ ]  | [ ]  |  |
|  |  |  |  |
| **\*** If this authorization is being used to obtain Protected Health Information from a child’s physician or other covered entity under HIPPA, a Transfer of Confidential Information – Protected Health Information form must also be completed. |
|  |
| To/From: |  |
|  | Name |
| Address: |  |  |  |  |  |
|  | Street |  | Town |  | State/Zip Code |
| Telephone: |  | Fax: |  |
|  |
| I understand that the information to be disclosed is protected as an “education record” under FERPA, and that such information shall not be redisclosed unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made. |
|  |
|  |  |  |
| Signature of Parent/Guardian |  | Date |
|  |  |  |
| Print Name of Parent/Guardian |  | Form Date: 2/19/2014 |