

**AMITY REGIONAL SCHOOL DISTRICT NO. 5**  
**BETHANY \* ORANGE \* WOODBRIDGE**  
**25 Newton Road, Woodbridge, CT 06525**



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## WRITTEN CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION

STUDENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GRADE \_\_\_\_\_

Please place checkmark in requested records below:

<input type="checkbox"/>	School Transcript	<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	School Health Records	<input type="checkbox"/>	Oral Communication
<input type="checkbox"/>	Special Education Records	<input type="checkbox"/>	Other (Please Specify)

Consent granted by:

☐

(custodial) parent

☐

guardian

☐

student who is 18 or older

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

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I hereby request the transfer of records **FROM** the following (please place checkmark in box):

☐

Amity Middle School BETHANY

☐

Amity Middle School ORANGE

☐

Amity Regional High School

☐

OTHER (please complete information in spaces provided below):

\_\_\_\_\_  
SCHOOL/BUSINESS NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
CITY, STATE ZIP

=====

I hereby request the transfer of records **TO** the following (please place checkmark in box):

☐

Amity Middle School BETHANY

☐

Amity Middle School ORANGE

☐

Amity Regional High School

☐

OTHER (please complete information in spaces provided below):

\_\_\_\_\_  
SCHOOL/BUSINESS NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
CITY, STATE ZIP