AMITY REGIONAL SCHOOL DISTRICT NO. 5

BETHANY * ORANGE * WOODBRIDGE 25 Newton Road, Woodbridge, CT 06525



WRITTEN CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION

	STUDENT NAME			DATE OF BIRTH	GRADE
Please	e place checkmark in requested re	cords be	elow:		
0	School Transcript		Medical Records		
	School Health Records		Oral Communication		
	Special Education Records		Other (Please Specify)		
Conse	ent granted by: Custo	dial) par	ent	student wh	no is 18 or older
5	SIGNATURE				DATE SIGNED
I here	======================================	===== FROM th	e following (please place chec	======== kmark in box):	
Thorough required the transfer of reserve and relief thing (please place diseasement in box).					
Amity Middle School BETHANY					Amity Regional High School
	OTHER (please complete informa	4: :	anna ann àide dhalann		
U	OTHER (please complete informa	tion in Sp	paces provided below:		
5	SCHOOL/BUSINESS NAME				TELEPHONE NUMBER
S	STREET ADDRESS				FAX NUMBER
-	CITY, STATE ZIP				-
=====		======		========	
I here	by request the transfer of records	TO the fo	ollowing (please place checkma	ark in box):	
	Amity Middle School BETHANY		Amity Middle School ORA	ANGE	Amity Regional High School
	,		•		, , ,
	OTHER (please complete informa	ition in s	paces provided below):		
_	ACLIC OF ISHIOINESS MAME				TELEBUONE NUMBER
5	SCHOOL/BUSINESS NAME				TELEPHONE NUMBER
S	STREET ADDRESS				FAX NUMBER
C	CITY, STATE ZIP				-