



WILLIAM J. JOHNSTON MIDDLE SCHOOL
360 Norwich Ave
Colchester, CT 06415
 phone: 860-537-2313 fax: 860-537-6258

AUTHORIZATION TO OBTAIN/RELEASE STUDENT RECORDS

I hereby authorize and request William J. Johnston Middle School to partake in the transfer of confidential information regarding my child.

Student Name: _____ D.O.B _____ Phone _____

Current Address _____ New Address (include City, State & Zip if not Colchester) _____

I give permission to (circle one): **OBTAIN / RELEASE**

Check all applicable records below:

- Academic Records
- Pupil Personal Records (including Psychological, Psychiatric, Educational, Social & Speech Evaluations, Special Education)
- Medical & Health Records
- Discipline
- ELL
- Other: _____

The information is to be transferred to/from the following: (Name of School, Address, Phone, Fax):

I, the undersigned, also agree that a photocopy of this original authority to release information may be used in lieu of the original.

Signature of Parent/Guardian _____ Printed Name _____ Date _____

Starting Date/Withdrawal Date: _____