BRISTOL BOARD OF EDUCATION
Dept. of Special Services
P.O. Box 450
Bristol, CT 06011-0450

REQUEST FOR STUDENT RECORDS AND RELEASE OF INFORMATION

DATE _____

NAME OF STUDENT _____

ADDRESS _____

STUDENT'S BIRTHDATE _____ GRADE _____

EXCHANGE OF INFORMATION BETWEEN:

_____

SCHOOL _____

_____

_____

AGENCY: The Pediatric Care Center, LLC
ADDRESS 1301 Farmington Avenue
PHONE NUMBER: Bristol, CT 06010
860-589-4501 Phone
860-589-4502 Fax

Includes sending copies of the following records:

☐ ALL RECORDS

Or the Following Records **ONLY**:

☐ Scholastic Records
☐ Transcripts
☐ Health Records
☐ Discipline Records
☐ Other _____
☐ Psychological Testing
☐ Psychiatric Testing
☐ Special Education Records
☐ Attendance Records

This request is to remain in effect for one (1) year from the date of parent signature unless parent withdraws consent **in writing** and forwarded to the Director of Special Services.

_____ _____
Parent/Student/Guardian Signature Date

_____ _____
Witness Date