



Transfer of Confidential Student Information

Date: _____

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize the Stafford Public Schools to release and/or obtain the following confidential records regarding my child for the purpose of enrollment.

Student Name : _____
DOB: _____ Grade: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent / Guardian: _____
Phone Number: _____

Transferring To / From:

School: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax: _____

Transferring To / From:
Stafford Public Schools
145 Orcuttville Road
Stafford Springs, CT 06076
Registrar: Emily Wallach
registrar@stafford.k12.ct.us

Phone: 860-684-2008 Ext. 6 Fax: 860-684-4260

I hereby authorize an exchange of information:

_____ All Records _____ Health/Medical Records
_____ Cumulative File _____ Special Education/504/Related Services
_____ Attendance Records _____ Other: _____
_____ Discipline Records

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 officer, 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. I also understand this authorization is valid for one calendar year. It will expire on _____. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent.

Signature of Parent / Guardian

Date

Printed Name of Parent / Guardian