Regional School District #14
Towns of Bethlehem and Woodbury
Department of Special Services
P.O. Box 469
Woodbury, CT 06798

Woodbury, CT 06798 Telephone: (203) 263-0416 Fax: (203) 263-5378

## WRITTEN CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION

I hereby request that Reg indicated regarding:	gional Schoo	l District #14	obtain an	d/or release con	fidential int	formation as	
STUDENT NAME  STREET ADDRESS			DATE OF BIRTH TELEPHONE				
							CITY, STATE
	School Di	strict may:			School D	School District may:	
	Obtain	Release			Obtain	Release	
Psychological			Learnin	g Disability			
Psychiatric			I.E.P.				
Medical			P.P.T. Minutes				
School Health Record			School Transcript				
Speech/Language			Oral Communication				
Other (specify):			Other (specify):				
	AND TITLE						
ADDRESS		TOWN		ST	CATE	ZIP CODE	
CONSENT GRANTED	BY: (	(custodial) pa	rent	guardian, or		student 18 or older	
SIGNATURE			DATE				
Please release informati	on to Region	nal School Dis	strict #14,	attention of:			
Donna Marcinek Interim Director of Spec 67 Washington Ave. P.O. Box 469	cial Services						

Woodbury, CT 06798