Regional School District No. 14
Towns of Bethlehem and Woodbury

Department of Special Services
Woodbury, CT 06798
Telephone: (203) 263-0416
Fax: (203) 263-5378

WRITTEN CONSENT FOR
TRANSFER OF CONFIDENTIAL INFORMATION

I hereby request that Regional School District No. 14 obtain and/or release confidential information as indicated regarding:

STUDENT NAME _____ DATE OF BIRTH _____

STREET ADDRESS _____ TELEPHONE _____

CITY, STATE ZIP CODE _____

	School District may: Obtain	Release		School District may: Obtain	Release
Psychological	☐	☐	Learning Disability	☐	☐
Psychiatric	☐	☐	I. E. P.	☐	☐
Medical	☐	☐	P. P. T. Minutes	☐	☐
School Health Record	☐	☐	School Transcript	☐	☐
Speech/Language	☐	☐	Oral Communication	☐	☐
Other (specify):	☐	☐	Other (specify):	☐	☐

FROM/TO: Provider Name: _____
Address: _____
_____
Email address: _____
Phone: _____

CONSENT GRANTED BY:

☐ (custodial) parent ☐ guardian, or ☐ student 18 or older

SIGNATURE _____ DATE SIGNED _____

Please release information to Regional School District No. 14, attention of:

Christina Fensore
Director of Special Services
5 Minortown Road
P. O. Box 469
Woodbury, CT 06798