

WESTON PUBLIC SCHOOLS

Authorization for Exchange of Educational Information

Student Name: _____ Date of Birth: _____

I hereby authorize the following schools/agencies to exchange information:

Weston Public Schools

Insert Sending/Receiving School Information

School Name	Weston High School	
Specific Party	Wheat Osinski	
Street	115 School Road	
City, State, Zip	Weston CT 06883	
Email for Specific Party	wheatosinski@westonps.org	
Phone Number	(203) 221-4061	
Fax Number	(203) 222-0421	

To exchange education information for the purpose(s) listed below.

<p>Description:</p> <p>The education information to be disclosed consists of:</p> <table border="0"> <tr> <td><input type="checkbox"/> Complete Record</td> <td><input type="checkbox"/> Observation of student in the school</td> </tr> <tr> <td><input type="checkbox"/> Education Testing</td> <td><input type="checkbox"/> Speech/language</td> </tr> <tr> <td><input type="checkbox"/> Attendance Records</td> <td><input type="checkbox"/> School health records</td> </tr> <tr> <td><input type="checkbox"/> Disciplinary Records</td> <td><input type="checkbox"/> Other:</td> </tr> </table> <p>Purpose: This information will be used for the following purpose(s):</p> <table border="0"> <tr> <td><input type="checkbox"/> Educational evaluation</td> </tr> <tr> <td><input type="checkbox"/> Educational planning</td> </tr> <tr> <td><input type="checkbox"/> Educational placement</td> </tr> <tr> <td><input type="checkbox"/> Transfer to another school</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Complete Record	<input type="checkbox"/> Observation of student in the school	<input type="checkbox"/> Education Testing	<input type="checkbox"/> Speech/language	<input type="checkbox"/> Attendance Records	<input type="checkbox"/> School health records	<input type="checkbox"/> Disciplinary Records	<input type="checkbox"/> Other:	<input type="checkbox"/> Educational evaluation	<input type="checkbox"/> Educational planning	<input type="checkbox"/> Educational placement	<input type="checkbox"/> Transfer to another school	<input type="checkbox"/> Other: _____
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<p>Authorization</p> <p>This authorization is valid for one calendar year. I will expire on _____(insert date). I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent to the school/program administrator. I recognize that education records are protected by the Family Educational Rights and Privacy Act and that I can request information regarding my rights under the Act from Weston Public Schools.</p>	
<p>_____</p> <p>Parent/Guardian Signature</p>	<p>_____/_____/_____</p> <p>Date</p>
<p>_____</p> <p>Eligible /Student Signature</p>	<p>_____/_____/_____</p> <p>Date</p>
<p>Copies: Parent/Guardian or eligible student _____(date)</p> <p>Agency/consultant releasing the educational information _____(date)</p> <p>School official requesting/receiving the educational information _____(date)</p>	