

BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804
203-775-7700
brookfield.k12.ct.us



STUDENT RECORDS RELEASE FORM

I hereby give my permission for my child's school records to be released to the Brookfield Public School District.

(Please Print) Parent/Guardian

Date

Parent/Guardian's Signature

Parent Phone Number

Name of Student

____/____/____
Date of Birth

Sending School: _____
(Name of Last School Student Attended)

Last Grade Level Completed

(Address) City State Zip Code

(____) _____
Phone

(____) _____
Fax

Please include all items checked below.

<input type="checkbox"/> Academic Record (Report Card/Transcript/Withdrawal Grades)	<input type="checkbox"/> 504
<input type="checkbox"/> Individual Education Programs	<input type="checkbox"/> Health Record
<input type="checkbox"/> Speech /Hearing/Language Evaluations	<input type="checkbox"/> Educational Evaluations
<input type="checkbox"/> Other Pertinent and/or Confidential Information	<input type="checkbox"/> Psychological Evaluations
<input type="checkbox"/> Testing Scores (Standardized or Special Education)	<input type="checkbox"/> Special Education File
<input type="checkbox"/> Discipline Records	

Please send information to selected school.

<input type="checkbox"/> Center Elementary School 8 Obtuse Hill Road Brookfield, CT 06804 203-775-7650 203-775-7672 fax	<input type="checkbox"/> Huckleberry Hill Elementary School 100 Candlewood Lake Road Brookfield, CT 06804 203-775-7675 203-775-7684 fax
<input type="checkbox"/> Whisconier Middle School 17 West Whisconier Rd Brookfield, CT 06804 203-775-7710 203-775-7615 (fax)	<input type="checkbox"/> Brookfield High School 45 Longmeadow Hill Road Brookfield, CT 06804 203- 775-7725 203-775-7757 fax

Thank you for your cooperation in this regard. It is greatly appreciated.