

**THOMASTON PUBLIC SCHOOLS
THOMASTON, CT
PERMISSION TO RELEASE/OBTAIN RECORDS**

Please release/obtain records on: _____

Student Name: _____ GRADE: _____ DOB: _____

Student Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Check the Applicable School/Office:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Thomaston High School
185 Branch Road
Thomaston, CT 06787
Phone: 860-283-3030
FAX: 860-283-3034 | <input type="checkbox"/> Thomaston Center School
1 Thomas Avenue
Thomaston, CT 06787
Phone: 860-283-3036
FAX: 860-283-3048 | <input type="checkbox"/> Black Rock School
57 Branch Road
Thomaston, CT 06787
Phone: 860-283-3040
FAX: 860-283-3043 | <input type="checkbox"/> Thomaston Pupil Services
57 Branch Road
Thomaston, CT 06787
Phone: 860-283-3050
FAX: 860-283-3051 |
|---|---|--|---|

<input type="checkbox"/> INCOMING STUDENT	<input type="checkbox"/> OUTGOING STUDENT
SENDING SCHOOL:	RECEIVING SCHOOL:
School Name: _____	School Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Fax#: _____	Fax#: _____

Signature of Parent or Guardian (If student is under 18) _____ Print Name _____ Date _____

The purpose of this release is: _____

This release is to be in effect until: _____

Records to be Released/Obtained:

- | | |
|---|--|
| <input type="checkbox"/> Withdrawal Form with Grades through Date of Withdrawal
<input type="checkbox"/> Report Cards/Transcript
<input type="checkbox"/> Test Scores
<input type="checkbox"/> Current Schedule of Courses | <input type="checkbox"/> Health Records
<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Discipline Records
<input type="checkbox"/> 504 Plan |
|---|--|

Special Education Records (IEP, PPT, Psychological, Psychiatric, Speech/Language, Other)
MUST BE SENT TO: Thomaston Pupil Services, 57 Branch Road, Thomaston, CT 06787
Phone: (860) 283-3050 FAX: (860) 283-3051

Please: Fax to: _____ Mail to: _____