

East Windsor Public Schools

☐ East Windsor High School
76 South Main Street
East Windsor, CT 06088
Phone: (860) 623-4426
Fax: (860) 623-0389

☐ East Windsor Middle School
38 Main Street
Broad Brook, CT 06016
Phone: (860) 623-4488
Fax: (860) 654-1915

☐ Broad Brook Elementary School
14 Rye Street
Broad Brook, CT 06016
Phone: (860) 623-2433
Fax: (860) 623-0717

☐ *Special Education Department
70 South Main Street
East Windsor, CT 06088
Phone: (860) 623-3347 x 7403
Fax: (860) 292-6817

AUTHORIZATION TO RELEASE INFORMATION-WITHDRAWAL

I hereby authorize East Windsor Schools and its personnel to:

RELEASE TO:

Name of School: _____

Address: _____

Phone: _____

Fax: _____

Last Day of School: _____

The Following Information:

_____ Educational Record including:

A *Name, Address, DOB, Grade, Academic, Discipline*

B **IEP, PPT, Test Records &
Counselor Observations*

C. *504 Records*

_____ Health Records

_____ **School Psychological or Social Work
Reports*

_____ **Confidential Reports from an Outside
Agency*

_____ *Language Proficiency Records (LAS,
WIDA, ACCESS, etc...)*

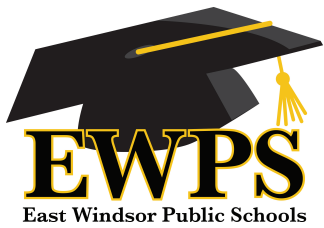
PERMISSION TO RELEASE SCHOOL RECORDS TO A THIRD PARTY: I approve of this student's transfer/withdrawal from school AND/OR I have knowledge of it. I hereby authorize East Windsor Schools to provide the following documents including but not limited to: educational record including name, address, date of birth, class rank, academic records, attendance and disciplinary records, date student did or will graduate, test records, activities, Planning & Placement Team records, counselor observations, health records, school psychological or school reports, confidential reports from an outside agency.

Student First Name: _____ Student Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____ SASID: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____



STUDENT WITHDRAWAL FORM

Today's Date: _____

Student Name: _____ D.O.B. _____ Grade: _____
Last Name, First Name

School to attend (name and address): _____

Withdrawal Date: _____ Date records sent: _____

Please place a check mark [✓] in the box that best applies.

- ☐ 2. Transfer to a public school in the same state
- ☐ 3. Transfer to a public school in a different state
- ☐ 5. Transfer to a private *non-religiously-affiliated* school in the same state
- ☐ 6. Transfer to a private, *non-religiously-affiliated* school in a different state
- ☐ 8. Transfer to a private, *religiously affiliated* school in the same state
- ☐ 9. Transfer to a private, *religiously affiliated* school in a different state
- ☐ 10. Transfer to a school outside of the country
- ☐ 12. Transfer to a charter school.
- ☐ 13. Transfer to a certified home schooling (must include name of homeschooling agency)
- ☐ 21. Discontinued Schooling (PK)
- ☐ 21. Discontinued Schooling (18+)
- ☐ 25. Moved, not known to be continuing. (***office use only***)
- ☐ 26. Transfer to a state approved full-time magnet school
- ☐ 27. Transfer to an adult High School Credit Diploma (AHSCD) Program
- ☐ Other (***office use only***): _____

Parent or Guardian's Signature

Received by
(Office use only): _____

CC:
Student File
Central Registration
Special Education (if applicable)
Data Specialist