

**Regional School District #13
Department of Pupil Personnel Services
Release of Information**

I give permission to _____
Name of last school attended

Address

for the release of academic records, test results, psychological reports, personal and medical data, PPT/IEP data, and any additional pertinent materials regarding

Student Date of Birth

to the Regional School District #13 School System. I understand that this information will be treated as confidential and will be used and interpreted by qualified personnel.

Parent/Guardian Signature _____ Date _____

Send to: Guidance Department
Strong Middle School
PO Box 435 191 Main Street
Durham, CT 06422