NEW HAVEN PUBLIC SCHOOLS NHPS/6-R0S
DEPARTMENT OF STUDENTS SERVICES
RELEASE OF CONFIDENTIAL INFORMATION

Student: _____DOB:_____ Grade: _____School:_____

Name: _____

Agency: _____

Address: _____ Zip Code: _____

Telephone: _____ Fax: _____

I authorize the New Haven Public Schools to obtain, release, or both obtain and release the items checked below:

	Obtain	Release		Obtain	Release
Psychological Evaluation	☐	☐	I.E.P	☐	☐
Psychiatric	☐	☐	Medical	☐	☐
Speech/Language Evaluation	☐	☐	PPT Minutes	☐	☐
Social Work Assessment	☐	☐	Conversations with school staff	☐	☐
Adaptive Behavior	☐	☐	Evaluations from outside agencies, etc.	☐	☐
Other: (specify) _____				☐	☐

_____ _____ _____

PLEASE PRINT NAME: Parent/guardian/majority age student — SIGNATURE: parent/guardian/majority age student — Date:

Supervisor: _____

New Haven Public Schools
Department of Student Services
54 Meadow Street, 3rd floor, New Haven, CT 06519
Telephone: 475-220-1760 Fax: 203-946-7358

The attached student records are being forwarded with the consent of the parent/guardian/majority age student listed above. These records are confidential and may not be duplicated or disclosed to any third party without obtaining the consent of the parent/legal guardian/majority age student listed above.

CENTRAL: WHITE SCHOOL: YELLOW PARENT: PINK AGENCY: GOLD