



# Torrington Public Schools

Torrington, CT 06790

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize (check as needed):

- Forbes School – 500 Migeon Avenue, Torrington, CT 06790 – Phone 860-489-2500 – Fax 860-489-2555
- Southwest School – 340 Litchfield Street, Torrington, CT 06790 – Phone 860-489-2311 – Fax 860-489-2324
- Torrington School – 800 Charles Street, Torrington, CT 06790 – Phone 860-489-2300 – Fax 860-489-2325
- Vogel-Wetmore School – 68 Church Street, Torrington, CT 06790 – Phone 860-489-2570 – Fax 860-489-2377
- Torrington Middle School – 200 Middle School Drive, Torrington, CT 06790 – Phone 860-496-4050 – Fax 860-496-1089
- Torrington High School – 50 Major Besse Drive, Torrington, CT 06790 – Phone 860-489-2291 – Fax 860-489-4085
- Student Services – 355 Migeon Avenue, Torrington, CT 06790 – Phone 860-489-2327 ext. 1614 – Fax 860-489-2546

To Obtain	To Release		To Obtain	To Release	
		Academic Transcript			Psychological Reports
		Attendance, Discipline			Counseling Reports
		Withdrawal Grades, Level of Classes			Psychiatric Reports
		Health/Medical Records			Speech/Language Reports, LAS test scores
		504 Records			Standardized Testing Scores
		Special Education Records			Other, Please specify _____

### School or Agency Information

\_\_\_\_\_  
Name of School/Agency

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

### Student Information

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student State ID (if applicable) \_\_\_\_\_

Student's Current Grade \_\_\_\_\_

Has the child ever attended a Torrington Public School?    YES    NO

If yes, last school and year attended:

\_\_\_\_\_  
Signature of Parent/Guardian or Student over 18/Emancipated Minor  
(The electronic signature and all of its related fields, replaces a handwritten signature on paper)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Telephone Number

FOR OFFICE USE:	
Date records requested: _____	Requested by: _____