



Wilton Public Schools
Wilton, Connecticut

AUTHORIZATION TO RELEASE STUDENT RECORDS

To: _____

Name of Prior School

Street or Mailing Address of Prior School

Town, City

State

Zip

Student Name: _____
LAST *FIRST*

DOB: ____/____/____ Current Grade: _____ Teacher: _____
MM DD YYYY

I hereby consent to the release of the following student records:

- Cumulative Educational Record
- Transcript of Grades Earned to Date
- Health Records
- Confidential Special Education Records and Related Services Material

Please forward the requested records as promptly as possible to:

**Middlebrook School
Attn: Guidance Office
131 School Rd
Wilton, CT 06897**

Phone: 203-762-8388
Fax: 203-762-1716

Signature of Parent/Guardian _____ Date: _____

Print Name of Parent/Guardian _____