



BRIDGEPORT PUBLIC SCHOOLS
45 Lyon Terrace
Bridgeport, CT 06606
www.bridgeportedu.net

**RELEASE OF
RECORDS**

Official Release of Records Request

Date: _____

I hereby authorize my child's former school:

Name of Former School *Phone Number*

Address of Former School *FAX Number*

City, State, Zip

To Release the following information on my child/children:

- Academic/Scholastic Records (cumulative record folder)
 Medical Records
 Special Education Records

Student Name: _____ DOB: _____ School: _____ Grade: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____

**If the child/children were previously attending another Connecticut Public School, please attach the CT State ID to this request*

Parent/Guardian Name

Address (Street, City, State, Zip Code)

Parent/Guardian Signature

Date

Please forward Records to:

Place School Address Sticker Here