Naugatuck Public Schools Naugatuck, CT 06770

Naugatuck Schools Website

AUTHORIZATION FOR RELEASE OF RECORDS AND EXCHANGE OF INFORMATION

(Please select the appropriate school)

☐ Early Childhood Center at Central Avenue 28 Central Avenue Naugatuck, CT 06770 Phone: 203-720-5224 Fax: 203-720-5547	☐ Maple Hill Elementary School 641 Maple Hill Road Naugatuck, CT 06770 Phone: 203-720-5236 Fax: 203-720-5217	☐ Cross Street Intermediate School 120 Cross Street Naugatuck, CT 06770 Phone: 203-720-5227 Fax: 203-720-5215
☐ Andrew Avenue Elementary School 140 Andrew Avenue Naugatuck, CT 06770 Phone: 203-720-5221 Fax: 203-720-5213	☐ Salem Elementary School 124 Meadow Street Naugatuck, CT 06770 Phone: 203-720-5242 Fax: 203-720-5219	☐ Hillside Intermediate School 51 Hillside Avenue Naugatuck, CT 06770 Phone: 203-720-5260 Fax: 203-720-5209
☐ Hop Brook Elementary School 75 Crown Street Naugatuck, CT 06770 Phone: 203-720-5232 Fax: 203-720-5234	☐ Western Elementary School 100 Pine Street Naugatuck, CT 06770 Phone: 203-720-5244 Fax: 203-720-5209	☐ City Hill Middle School 441 City Hill Street Naugatuck, CT 06770 Phone: 203-720-5250 Fax: 203-720-5256
		□ Naugatuck High School 543 Rubber Avenue Naugatuck, CT 06770 Phone: 203-720-5400 Fax: 203-720-5444
Student Name:		
Date of Birth:		
New Address:		
Grade:		

I hereby authorize the release of any and all records pertaining to my child (including but not limited to: cumulative school records, health records, psychological records, PPT, IEP, etc., 504 accommodation plans) between the school checked above, and the school noted below. I also authorize verbal communication to be exchanged between the sending school and the receiving school.

Transferring from/Transferring to:			
School Name:			
Address:			
Phone Number:			
(Parent/Guardian Print Name)	(Date)		
(Parent/Guardian Signature)	(Date)		