



Stafford Public Schools  
Transfer of Confidential Student Information

Date: \_\_\_\_\_

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize the Stafford Public Schools to release and/or obtain the following confidential records regarding my child for the purpose of \_\_\_\_\_.

Student Name:: \_\_\_\_\_  
DOB:: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent / Guardian: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Transferring To / From:

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Transferring To / From:  
Stafford Public Schools  
District Registrar  
16 Levinthal Run  
Stafford Springs, CT 06076

Registrar: Emily Wallach  
[registrar@stafford.k12.ct.us](mailto:registrar@stafford.k12.ct.us)  
Phone: 860-684-2008 Extension 6 Fax: 860-684-5172

I hereby authorize an exchange of information:

All Records  Health/Medical Records  
 Cumulative File  Special Education/504/Related Services  
 Attendance Records  Other: \_\_\_\_\_  
 Discipline Records

*I understand that the information to be disclosed is protected as an "education record" under FERPA, and that such information shall not be redisclosed unless permitted under FERPA. I further understand that the officer, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made. I also understand this authorization is valid for one calendar year. It will expire on \_\_\_\_\_. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent / Guardian