



# PARISH HILL MIDDLE/HIGH SCHOOL SCHOOL COUNSELING DEPARTMENT

304 Parish Hill Road  
Chaplin, CT 06235

Phone # 860 455-9584 / Fax 860 455-9081

## REQUEST FOR RELEASE OF RECORDS / INFORMATION

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School / Source

Phone #

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City, State, and Zip Code

Fax #

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Student's Name

Current Grade

The above named student has registered at Parish Hill Middle/High School.

We would appreciate the following information to assist us in the proper placement and programming of this student.

1. Transcript, including grades and test scores.
2. Health records, including immunizations dates.
3. If applicable, any special education information and/or any psychological/neurological testing information.
4. Any other information that is of importance in understanding the needs of this student.

**Please fax pertinent information to 860 455-9081. Please send records as soon as possible to the address listed above.**

**Thank you for your time and compliance to this request.**

Sincerely,

Parish Hill-Student Services

I hereby give permission to have my son's/daughter's information listed above to be forwarded to Parish Hill Middle/High School. I give my permission for school personnel to speak with you or your agency by telephone.

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Date

Parent Signature