

**RELEASE OF RECORDS  
Woodstock Middle School  
147-B Route 169  
Woodstock, CT 06281**

**Kristen Elliott  
Principal**

**Tel: (860) 963-6575  
Fax: (860) 963-6577**

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

**Student Name(s):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Previous School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**To Whom It May Concern,**

**The above-named student is transferring to Woodstock Middle School. Please forward all academic and health records as well as special education testing and relevant information if applicable.**

**Thank you.**

**Sincerely,**



**Kristen Elliott, Principal**

**I (parent or guardian of above student) give permission to release all health, academic and special education records that pertain to my child to Woodstock Middle School.**

\_\_\_\_\_  
**Parent or Guardian signature**

**Date**\_\_\_\_\_