

# MILFORD PUBLIC SCHOOLS

Milford, CT 06460

## TRANSFER OF CONFIDENTIAL INFORMATION

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

I hereby request the Milford Public Schools, Pupil Personnel Office, 70 West River Street, Milford, CT 06460, to release and/or obtain the following confidential information regarding my child:

---

Name \_\_\_\_\_ Address \_\_\_\_\_

---

Telephone \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

	OBTAIN	RELEASE		OBTAIN	RELEASE
Psychological Evaluations			Medical Records		
Psychiatric Evaluations			IEPs		
Educational Evaluations			Verbal Communication		
Speech & Language Evaluations			Other (specify)		

To/From:

---

Name \_\_\_\_\_ Title \_\_\_\_\_

---

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

---

Signature of Parent/Guardian \_\_\_\_\_