



COLCHESTER SCHOOL DISTRICT

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REQUEST FOR STUDENT RECORDS

Today's Date: _____ Student's First Date of Attendance: _____
(In Colchester School District)

To Sending School: _____
(last school student attended)

_____ has enrolled in the Colchester School District. This student was recently enrolled at your school. At your earliest convenience, please send the following information to us:

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Health Records with Immunizations |
| <input type="checkbox"/> Progress Report | <input type="checkbox"/> Disciplinary Records |
| <input type="checkbox"/> Explanation of Grading System | <input type="checkbox"/> IEP and/or Special Education Records
(most recent evaluation) |
| <input type="checkbox"/> Current Schedule and Grades to Date | <input type="checkbox"/> Other pending information that may be helpful |
| <input type="checkbox"/> Test Scores | |
| <input type="checkbox"/> English/Math Portfolios | |

Please mail the above information to the school indicated below. In addition, if the student has a current VT State ID #, please enter it below and fax this sheet back to us as quickly as possible. If you have any questions, please let us know.

Student's VT State Student ID # _____ (Please fax to the school indicated below.)

Colchester Middle School
Attn: Guidance Department
PO Box 30
Colchester, VT 05446
Phone: (802) 264-5802 / Fax: 264-5858

Porters Point School
PO Box 32
Colchester, VT 05446
Phone: (802) 264-5920 / Fax: 862-6835

Malletts Bay School
PO Box 28
Colchester, VT 05446
Phone: (802) 264-5900 / Fax: 264-5901

Union Memorial School
PO Box 48
Colchester, VT 05446
Phone: (802) 264-5959 / Fax: 879-5350

PERMISSION TO RELEASE RECORDS

I hereby grant permission for the release of records including psychological and/or intellectual evaluation regarding my child. I understand that all information will remain confidential and will be used for professional purposes.

Student's Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE NOTE: FERPA allows the disclosure of personally identifiable information (including information about a student's behavior that poses a risk to that student or other individuals) without parental consent if the disclosure is to officials of another school where the student seeks to enroll.