

Connecticut River Academy

Goodwin College
9 Riverside Drive
East Hartford, CT 06118
860-913-2200 ~ www.ctriveracademy.org

RELEASE OF STUDENT RECORDS

I, _____, hereby authorized the Connecticut River Academy to release/obtain the following records of my child:

Child's Name

Date of Birth

Release to:

(School)

(Address)

(City, State, Zip)

(Phone Number)

Please “mark” documents you wish to be released/obtained:

- Academic Records
- Medical Records
- Discipline Records
- Psychological Reports
- Psychiatric Evaluations
- Educational Evaluations
- Speech/Hearing/Language Evaluations
- Other Therapy Evaluations (specify) _____
- Evaluations from Outside Agencies, Doctors, Schools
- Individualized Educational Programs (IEP)

Parent/Caregiver Signature

Date