



Brooklyn Middle School

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Release of Records

I hereby authorize Brooklyn Middle School to: _____ Release _____ Request

The following records of my child: Name _____
Date of Birth _____

	Social Work Records		Health Records
	Psychological Records		Achievement Score
	Speech Evaluations		Anecdotal Information
	Education Evaluations		Academic Records/Grades
	PPT Meeting Minutes		Guidance Evaluations
	IEP's		Psychiatric Reports
	Admission Summaries		Discharge Summaries
	ISSIS Information		Other (Please Specify)

School Transferring from: _____

I hereby authorize the release of academic, health, psychological, special education records and any other pertinent information for the above named.

Parent/Guardian Signature: _____

Please send records to: Brooklyn Middle School 119 Gorman Road Brooklyn, CT 06234