



# Unified School District #1

## Authorization and Consent

### to Release Confidential Educational Information

To: Christine C. Murphy, Director of Special Education  
 Unified School District #1; Connecticut Department of Correction  
 24 Wolcott Hill Road, Wethersfield, CT 06109  
 860-692-7545 Fax # 860-692-7591

I, \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_ hereby authorize and  
(Name) (ID #) (Date of Birth)  
 provide consent for the Unified School District #1, Connecticut Department of Correction, to disclose my  
 educational records to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby request that you release the following educational information: (please check all that apply)

- High School Diploma / GED Transcript      Date received \_\_\_\_\_
- School Transcript       Special Education Records       Academic Achievement Scores
- Other: \_\_\_\_\_  
(Please specify)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

If there are any questions regarding this request, I can be contacted at:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_