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 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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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