



JOHN G. GILMARTIN SCHOOL
94 Spring Lake Road
Waterbury, CT 06706
Tel: (203) 574-8175
Fax: (203) 573-6649

Christina Moore, Principal
Laura Colon, SVP

Third Party Release Form

I, _____ give permission to the Waterbury Public School System to release and/or **gain** records of my child.

From the following school/agency:

School/Agency: _____
Contact Person: _____
Address: _____
Telephone: _____
Fax: _____

Name of child (ren) – Date of birth

Please check documents you wish to be released and/or gained:

- School Records, Report Cards
- Medical Records
- Educational Evaluation
- Psychiatric Evaluations
- Speech/Hearing/Language Evaluations
- Evaluations from outside agencies, doctors, schools
- Individualized Educational Programs
- Special Education Programs
- Home/School Correspondence
- Other _____

Reason to release and/or gain _____

Parent's Signature _____

This information is for the confidential use of the above personnel only who are directly involved in helping the child.

Please forward the required information to: _____ Date: _____