Bethany Public School District
Transfer of Confidential Student Information

Student Name: _____ Date of Birth _____

Student Name: _____ Date of Birth _____

Student Name: _____ Date of Birth _____

Name of school last attended: _____

Address: _____
Street Apt City State Zip Code

Telephone: _____ Fax: _____

Please send student records to:

To: **Bethany Community School**

Attention: **Kristyn Brown**

Address: **44 Peck Road, Bethany, CT 06524**

Telephone: **(203) 393-3350** Fax: **(203) 393-3849**

I understand that the information to be disclosed is protected as an "education record" under FERPA, and that such information shall not be redisclosed unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made.

_____ _____
Signature of Parent/Guardian Date

_____
Printed Name of Parent/Guardian

Revised January 31, 2018