

LEDYARD PUBLIC SCHOOLS

860-464-9255 Fax: 860-464-8589

RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize _____
 (name of medical, educational, or other authority in possession of records)

to release all records and information of a medical, psychological, and educational nature

on _____
 (name of student)

to _____
 (name of medical, educational, or other authority requesting records)

- Permission is granted for two way communication between the agencies regarding the educational needs of the student.

Signed: _____

Date: _____

**Please forward records in an envelope marked “Confidential”
 to the address checked below:**

- | | | |
|---|--|--|
| <input type="checkbox"/> Gales Ferry School
1858 Rte. 12
Gales Ferry, CT 06335
Phone: 860-464-7664
Fax: 860-464-5138 | <input type="checkbox"/> Gallup Hill School
169 Gallup Hill Rd.
Ledyard, CT 06339
Phone: 860-536-9477
Fax: 860-572-2788 | <input type="checkbox"/> Juliet W. Long School
1854 Route 12
Gales Ferry, CT 06335
Phone: 860-464-2780
Fax: 860-464-5139 |
| <input type="checkbox"/> Ledyard Center School
740 Colonel Ledyard Hwy.
Ledyard, CT 06339
Phone: 860-464-8080
Fax: 860-464-5140 | <input type="checkbox"/> Ledyard Middle School
1860 Route 12
Gales Ferry, CT 06335
Phone: 860-464-0200
Fax: 860-464-2155 | <input type="checkbox"/> Ledyard High School
24 Gallup Hill Rd.
Ledyard, CT 06339
Phone: 860-464-9600
Fax: 860-464-1990 |
| <input type="checkbox"/> Ledyard Public Schools
4 Blonders Blvd.
Ledyard, CT 06339
Phone: 860-464-9255
Fax: 860-464-8589 | | |