



**Voluntown  
Elementary  
School**

P.O. Box 129  
195 Main Street  
Voluntown, CT 06384-1821  
860/376-2325  
Fax 860/376-6690

Dear Administrator:

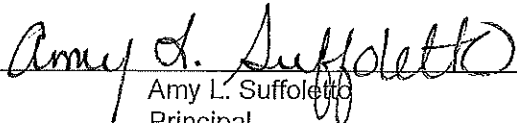
\_\_\_\_\_ / / \_\_\_\_\_  
Student's Name Date of Birth Grade

has enrolled in the Voluntown Elementary School. Please send a copy of all his/her educational records to me at the above address. This is a request for all records (cumulative, confidential, health, special education, etc.) relating to the above named student so that proper placement can be made and continuity of their program can be maintained.

Upon entry into our school, parents, legal guardians, and when appropriate, students have the right to:

- \* Inspect and review records
- \* Challenge contents of records
- \* Obtain a copy of records

Thank you for your assistance and early attention to this request.

  
\_\_\_\_\_  
Amy L. Suffoletto  
Principal

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

NAME AND ADDRESS OF SCHOOL  
TRANSFERRING RECORDS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_