



Louis Zubek  
Principal

**Griswold Middle School**  
Educating for Excellence

Karen Scholl  
School Counselor

John Howe  
Psychologist

Jeffrey Parkinson  
Assistant Principal

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Rebecca Brigner  
Psychologist

Date: \_\_\_\_\_

To: \_\_\_\_\_, Fax#: \_\_\_\_\_  
(name of previous school)

The student listed below has entered our school. Please forward the following documents:

- Scholastic Records
- Health Records
- Special Education Records
- Special Services Records
- Any Other Pertinent Information
- SASID# (State of Connecticut only)

Schools within the State of Connecticut will forward original health folders as prescribed by law (Section 10-206d, Connecticut General Statutes.)

A photocopy of this release will be deemed to be the same as the original and can be used for this purpose.

Thank you.

Sincerely,

Louis Zubek  
Principal

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I hereby authorize the release of all the above-mentioned records for my child:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian