

**BLOOMFIELD HIGH SCHOOL
GUIDANCE DEPARTMENT
5 HUCKLEBERRY LANE
BLOOMFIELD, CT 06002**

REQUEST FOR RELEASE OF RECORDS

DATE: _____

TO: _____
(Name of School Last Attended)

ADDRESS: _____

RE: _____ DATE OF BIRTH: _____

Please forward all cumulative (including test scores) and medical records to:

Bloomfield High School
Guidance Department
Huckleberry Lane
Bloomfield, CT 06002

If this student also received special education services, please send **CONFIDENTIAL** records to:

Department of Pupil Services
Attention: Director
1133 Blue Hills Avenue
Bloomfield, CT 06002

Signature: _____

Parent/Guardian **OR** Authorized School Personnel