

# East Hartford Adult Education

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Anthony Mangiafico  
Director, Adult Education

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## Request for Student Records & Release of Information

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

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

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Complete if you are requesting that information be sent TO East Hartford Adult Education:**

I give permission for \_\_\_\_\_ to forward the records indicated  
*Name of School*  
below.

- Official Transcript of Credits earned
- Parent Withdrawal Form
- Special Education Records

Send all requested information to: East Hartford Adult Education  
869 Forbes Street  
East Hartford, CT 06118

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### **Complete if you are requesting that information be sent FROM East Hartford Adult Education:**

I give permission for East Hartford Adult Education to forward all scholastic records, i.e. official transcript of credits earned, to:

Name of School/College: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Attention: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Authorized Signature*

This request will remain in force until rescinded in writing by the eligible student or parent/guardian, if student is under 18.