



**PATHWAYS ACADEMY
OF TECHNOLOGY & DESIGN**
Steven Dellinger-Pate, Principal
184 Windsor Avenue
Windsor, CT 06095
(860) 695-9450
dells002@hartfordschools.org

Authorization For Release of Student Records

TO: _____ Date: _____
(Current School Name)

(Current Address)

(City, State Zip-Code)

I hereby authorize you to release any information you have in your files concerning my child.

(Student's Name)

(Date of Birth)

Please include medical, psychological, speech, language and hearing evaluation and other reports, which would be helpful in planning an appropriate educational program for my child.

Please send the information to: **Pathways Academy of Technology & Design**
Attention: Guidance Department
184 Windsor Avenue
Windsor, CT 06095

Parent's address: _____
(Address)

(City, State Zip-Code)

Signature of Parent/Guardian: _____

