

REQUEST FOR STUDENT RECORDS

My child is enrolling at ROCKY HILL HIGH SCHOOL

Student Name _____

Date of Birth _____

- Cumulative Record**
(Demographic information, report cards, test scores, suspension reports)
- Health Record**
- Confidential Records for Special Education**
(PPT Records, Psychological Evaluation, Educational Evaluation, Speech & Language Evaluation, IEP)

Please forward requested records and correspondence to:

Guidance Department
Rocky Hill High School
50 Chapin Avenue
Rocky Hill, CT 06067
(860) 258-7721
(860) 258-7735 FAX

Parent/Guardian's Signature _____

Previous School Name _____

Address _____

City/State/Zip _____

Phone (include area code) _____

Date _____