

Newington High School

605 Willard Avenue, Newington, CT 06111
860-666-5611, x 1636, x 1637
Fax: 860-594-4196

Principal

Ms. Terra A. Tigno

Assistant Principals

Mr. Enzo Zocco
Mr. Mario A. Ficocelli
Mr. Sean M. Colley



**Director of School Counseling
& Educational Assessment**

Mr. J. Seth Korn

Counselors

Ms. Rachel Arnett
Mrs. Laura Charamut
Mrs. Colleen Love
Mrs. Lauren Mannes
Mrs. Beth Mantell
Mrs. Maria Palazzo
Miss Jessica Slater

Nurse _____ SE _____

PERMISSION TO SEND/RECEIVE RECORDS

School Counseling Office: (860) 666-5611, x 1636, 1637 Fax: (860) 594-4196

PLEASE FORWARD RECORDS TO NHS – SCHOOL COUNSELING OFFICE

I give my permission for Newington High School to release/receive the following school records of:

_____ Name	_____ Grade or Class
_____ Transcript of courses, grades, standardized test results	
_____ Withdrawal form, Class Schedule, Discipline Records	
_____ Grades at time of withdrawal	
_____ Student Success Plan	
_____ SRBI Intervention Plan	
_____ State of Connecticut, 10 digit ID # _____	
_____ Health Record to include immunizations which are required by State Law	
_____ Psychological Evaluation	
_____ Individual Educational Program (I.E.P.s)	
_____ CMT Test Scores	
_____ CAPT Test Scores	

TO / FROM

_____ Name of School		
_____ Telephone #	_____ Fax #	
_____ Street Address		
_____ City	_____ State	_____ Zip

Signature of Parent

Signature of Student (18 yrs. and older)

Date

Revised 10/17