



**STAMFORD PUBLIC SCHOOLS
CONSENT FOR RELEASE/EXCHANGE OF INFORMATION
SCHOOL YEAR 2025/2026**

I, _____ (parent/guardian), give consent to Stamford Public Schools, to release information to and obtain information from **Domus Kids**, in regard to (child's name) _____, D.O.B. _____. The above-named agency or individual provider's address is 83 Lockwood Avenue, Stamford, CT , and contact information is: Julie DeGennaro, Associate Executive Director.

Type of Information



Medical
Psychiatric/Mental Health
Academic
Behavioral
Other (specify): **transcript and attendance**

THE PURPOSE FOR REQUESTING THIS INFORMATION IS: For Family Advocacy program to help student in school _____

I understand that I may revoke this consent at any time by notifying Stamford Public Schools in writing. Any information gathered or released prior to the revocation of this consent is valid and cannot be voided. I also understand that, even if I do not revoke this consent, the consent will expire at the end of the 2025/26 school year.

Signature of Guardian

Signature of School Personnel

Relationship to Child

Title

Date

Date

Stamford Public Schools Contact Name

Stamford Public Schools Contact Title and Date

SR-7

CONSENT FOR RELEASE/EXCHANGE OF INFORMATION

1. This form should be filled out:
 - a. Whenever a student withdraws from a school or program Form SR-7 must be given to the parent or legal guardian.
 - b. When any information identifiable to a particular student is requested by an agency outside the Stamford Public School system, Form SR-7 must be completed.
 - c. When parents request copies of records for themselves or outside agencies.
2. Form SR-7 can only be completed by the student over 18, the parent or legal guardian.
3. The original is to be placed in the student's cumulative folder for non-handicapped students.
4. The original is to be placed in the student's PPT folder for handicapped students.
5. A copy of completed Form SR-7 is to be given or sent to parent.
6. A copy of completed Form SR-7 is to accompany the record to the agency.
7. The name of the staff member in whose presence Form SR-7 is completed — or receiving the completed Form SR-7 — is to be recorded before any record is released.
8. The release must be recorded on Form SR-9, Log of Access.



*Please let us know if you need this document translated.
Déjenos saber si usted desea que este documento sea traducido.
Tanpri, fê-n konnen si-w bezwen dokiman sa-a an Kreyòl*

**CONSENT FOR THE CITY OF STAMFORD, STAMFORD PUBLIC SCHOOLS
AND DOMUS KIDS, INC. TO SHARE STUDENT INFORMATION
SCHOOL YEAR 2025/2026**

The City of Stamford and the Stamford Public Schools (collectively “SPS”) is working with Domus Kids, Inc. (“Domus”) to place family advocates at certain district schools. Domus is a community organization independent of the SPS. Working collaboratively with SPS, Domus provides family advocates to support students at Stamford High School, Westhill High School and/or in SPS Middle Schools. Both SPS and Domus will utilize non-traditional ideas for helping students on the Domus Family Advocates’ caseload find success. These ideas include, but are not limited to, allowing students the opportunity to earn credits through on-line credit recovery (high school), permitting a weekly time during the school day for making up work, and figuring out creative ways to connect students to extracurricular activities.

A component of this program is frequent communication between parents/guardians, Domus staff, SPS teachers and other staff. The sharing of information informs academic instruction, measures progress, and provides program feedback. An example of this is the sharing of academic report cards as a way to track student academic progress and achievements.

Type of Data Shared: Student’s personally identifiable information, report cards, age, grade, classroom information, academic progress, homework assignments, status in the free/reduced meal/milk program (signing this form will NOT change whether your children receive free or reduced price meals or free milk), assessments, reports, special education status and records, 504 plan status and records.

Check if additionally applicable: ☒ **Medical** ☒ **Psychiatric/Mental Health**
☒ **Behavioral** ☒ **Other (specify): transcripts and attendance data**

Purpose: To increase the student’s potential for success, both in school and at the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings); to inform instruction; to measure progress; to make determinations about other supports that may be available for your child.

Parties: This information may be shared between the City of Stamford, SPS, and the staff and volunteers of the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings).

Duration: This authorization shall remain in place through the current academic year and summer term.

I understand that I may revoke this authorization at any time by providing a written notice of revocation to the SPS with a copy to the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings).

YES, I DO want to share my child's personally identifiable information, including the status of my child's free/reduced meal/milk application, if applicable, with the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings). Further, I authorize this information be shared between SPS, the City of Stamford, and the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings) throughout this academic year and summer term. I understand that I may revoke this authorization at any time by providing a written notice of revocation to the SPS with a copy to the Community Partner (Domus Kids, Domus MS FA program, Domus Knights and/or Domus Vikings). I also agree that a photocopy of this form shall be as valid as the original. This is for 2025/26 school year.

Please print clearly:

Child's Name: _____

Grade: _____ School: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date Signed: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

E-mail: _____

IN ADDITION, the ability to access your child's Power School records directly will allow the Community Partner (Domus Kids, MS FA program, Domus Knights and/or Domus Vikings) to access your child's data quickly and in real time. This will be used to inform instruction. This will allow the Community Partner (Domus Kids, MS FA program, Domus Knights and/or Domus Vikings) to directly access all the information listed above (in type of data shared) and that you as a parent/guardian may access in Power School. You may revoke this authorization at any time by providing a written notice of revocation to the Community Partner (Domus Kids, MS FA program, Domus Knights and/or Domus Vikings). If you wish to grant this permission, please provide the following information.

I hereby grant permission for direct access to the Power School as described above. This is for 2025/26 school year.

Please print clearly:

Child's Name: _____

Grade: _____ School: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date Signed: _____

For program use only: ☐ Copy scanned and e-mailed to SPS on _____

☐ Original retained by the Community Partner Initial: _____ Date: _____