



85 Prescott Street
Worcester, MA 01605-2610

(508) 831-5859
FAX: (508) 831-5880

Authorization For Release of Records

I hereby request the transfer of all school records of my child from:

Name of School

Address of School

Parent Signature

Please release the records of:

Student First Name Full Middle Name (no initials) Last Name

Grade(s) in School Year(s) _____

Date of Withdrawal/Graduation _____

The records requested are specified below:

_____ All official administrative records (address, birth date, grade level completed grades, attendance record, disciplinary records, etc.)

_____ Standard achievement test scores

_____ Teacher and counselor observations and ratings

_____ Family background data

_____ All Special Education records (including evaluation assessments and IEPs)

_____ SASID Number (State Assigned School Identification)

_____ Health records

_____ Transcript