

CURRENT STUDENT RELEASE FORM



First Name _____ Middle Name _____

Last Name _____ Grade _____ Phone _____

*In compliance with Massachusetts and Federal laws, written permission is required of a parent, legal guardian, or eligible student before any school records can be released to an outside agency, school or college. Please check which school records you would like sent.
** Your signature is required to process this form.*

- _____ Transcript of Record
- _____ Most recent report card grades
- _____ Standardized Test Results
- _____ Health Records
- _____ Attendance Records
- _____ Formal and/or Psychological Testing Evaluations which may be on file.

Please release my transcript to:

Name of Institution _____

Address _____ City _____

State _____ Zip _____

Signature _____ Date _____

If parent is making the request for a daughter, the parent's signature is required.

Signature of Parent/Legal Guardian _____

Date _____

Your transcript will be processed and mailed first-class USPS mail. We cannot confirm delivery times for first-class mail.