

DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT
Shepherd Hill Regional High School
68 Dudley-Oxford Road
Dudley, Massachusetts 01571
508-943-6700
RECORDS RELEASE FORM

Student's name: _____

Address (residence and mailing):

Date of Birth: ___/___/___

I grant permission to release of the following documents:

- _____ Health Card (MGL Ch.76 Sec.15)
- _____ Transfer Card (MGL Ch.76 Sec.15)
- _____ 504 Plan
- _____ Title 1 Services
- _____ Transcript of grades, including grades to date of withdrawal
- _____ Standardized test results
- _____ Special Education Individualized Education Plan (if applicable)
- _____ Letter of discipline status * (MGL Ch.71 Sec. 37L)

* Letter must include any record or prior, suspensions or expulsions, or statement that there is no record of any such actions signed by a school official.

Released to: (Individual school name, address, telephone and FAX number)

Incompliance with state and federal laws, permission is required of the parent, legal guardian or eligible student before any records can be released to an outside agency school or college. In order to comply with the law, your signature is necessary.

Signature: _____ Date: _____

3/13/2009