

SHREWSBURY PUBLIC SCHOOLS

100 Maple Avenue, Shrewsbury MA 01545
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Curriculum and Instruction

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Assistant Superintendent
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Director of Human Resources

Authorization to Release Student Records

I authorize Shrewsbury Public Schools to release all records including, Attendance records, Health records, Transcript information, Report Cards, Standardized Test Scores, Special Education Educational Plan and Assessments, Discipline records, Court Orders, and the State Assigned Student Identification Number for my child. I also consent to verbal exchange with the new school.

Student Name _____ Grade Level _____

Address: _____ Shrewsbury, MA 01545

Who has been attending: _____
School Name

_____ Shrewsbury, MA 01545
School Address

Last day in Shrewsbury Public Schools _____

Name and address of School student is transferring to:

New School's Name

New School's Address

New school's City, State & Zip

Type of School student is transferring to (check appropriate box):

- Public Private Home School Military
 Job Corps GED Drop out – plans unknown

New home address where student is moving to:

Address

City, State & Zip

Signature of Parent/Guardian: _____

Date _____

Shrewsbury Public Schools mailed records on _____