

Dr. Philip O. Coakley Middle School
1315 Washington Street
Norwood MA 02062
781-762-7880
781-255-5630 (Fax)

PERMISSION TO RELEASE SCHOOL INFORMATION

To Whom It May Concern:

I hereby grant permission to NORWOOD PUBLIC SCHOOLS to release/obtain pertinent school information in my son's/daughter's school record including:

1. Transcript of grades, with an explanation of marking system
2. Copy of test results (individual and group)
3. Health Records
4. Attendance figures and discipline record
5. Chapter 766 information (i.e., psychological evaluations, family development, social history, O.T. report, etc.) if applicable to:

Name of new school: _____

Address: _____

Student: _____ Date of Birth: _____

Student's new address: _____

Signature: _____

Parent or Legal Guardian

Signature: _____

Witness

Date: _____ Date Mailed: _____