



A Nationally Recognized School of Excellence

Release of Records Request

Parent/Guardian: Please forward this completed form to the student's current school. It will serve as authorization to send final records to Bishop Stang at the end of the school year.

STUDENT LAST NAME

FIRST NAME

MIDDLE INITIAL

STUDENT ADDRESS

The above named student has enrolled into Bishop Stang High School for the 2016-2017 school year. At the end of this school year, I hereby authorize

NAME OF SCHOOL CURRENTLY ATTENDING

To release to Bishop Stang High School Admissions Office (500 Slocum Road, North Dartmouth, MA 02747) any and all information in the above named student's academic, medical or temporary record files (including final report card or complete transcript, standardized testing results and any additional academic, attendance and/or behavioral information which could have an effect on academic or social adjustment).

In accordance with Massachusetts' regulations, all medical records (including an Official School Health Record and Physician's Statement of Immunization) must also be on file in the Bishop Stang High School Health Office in order for the student to begin the school year.

PLEASE PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE