



*A Nationally Recognized School of Excellence*

## **Release of Records**

***Parent: Please contact the student's sending school to authorize the release of the student's official school record to Bishop Stang High School. Complete and forward this request to the school. Note: Some schools require additional paperwork to be filed before releasing records.***

STUDENT LAST NAME

FIRST NAME

MIDDLE INITIAL

STUDENT ADDRESS

DATE OF INTENDED ENROLLMENT AT BISHOP STANG HIGH SCHOOL

The above named student has enrolled into Bishop Stang High School for the upcoming school year. In accordance with Massachusetts' regulations, students must have official school and medical records on file in order to matriculate. When available, please release all pertinent school records for this student, including:

- Official signed final academic transcript
- Attendance Record
- Discipline Report
- Health Records
- IEP/504 Plan, if applicable

**I hereby authorize**

NAME OF SENDING SCHOOL

**to release to Bishop Stang High School any and all information in my son/daughter's academic, medical or temporary record files. At the end of the current academic year, please forward these documents to the Bishop Stang High School Admissions Office, 500 Slocum Road, Dartmouth, MA 02747; FAX 508-994-6756.**

PLEASE PRINT PARENT/GUARDIAN LAST NAME

FIRST NAME

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN CONTACT