



Consent for Release of School Records

The *Family Education Rights and Privacy Act of 1974* requires that a student's parents or legal guardians be aware that their child's records are being released to another school district.

I hereby authorize the release of the school records for the following:

Student Name: _____ DOB: _____ Current Grade: _____

Request Records From

Previous School Name: _____

Address: _____

Telephone: _____ Fax: _____

Include the following information:

- Subjects, marks and credits earned
- Grades to date of withdrawal
- Standardized test results
- Attendance records
- Health records
- Educational plan and Special Education records (IEP, Behavior Plan, 504 Plan)
- Discipline records
- Other: _____

Transcripts Should be Sent to: *(Check box for appropriate receiving school)*

Groton Dunstable Regional High School
 Attn: Records Secretary/Guidance Dept.
 703 Chicopee Row
 Groton, MA 01450
 Tel. 9778-448-6308
 Fax 978-448-8460

Groton Dunstable Regional Middle School
 Attn: Records Secretary
 346 Main Street
 Groton, MA 01450
 Tel. 978-448-6155
 Fax 978-448-8470

Florence Roche Elementary School
 Attn: Records Secretary
 342 Main Street
 Groton, MA 01450
 Tel. 978-448-6665
 Fax 978-448-3988

Swallow Union Elementary School
 Attn: Administrative Assistant
 522 Main Street
 Dunstable, MA 01827
 Tel. 978-649-7281
 Fax 978-649-5078

Parent/Guardian Signature

Date