



CONSENT FORM/RELEASE OF STUDENT RECORDS

FROM MASCONOMET MIDDLE SCHOOL

20 Endicott Road

Boxford, MA 01921

STUDENT

GRADE

I hereby give permission for the following party(ies) to receive my child's school records as indicated below:

School Name or Agency:

RECORDS TO BE RELEASED: **Check items which apply**

Official Middle School Record (name, address, birth date, grade level completed, grades, attendance record)

Health records, immunizations

Standardized Test Scores

Teacher and/or Counselor Observations and Ratings

Family Background Data/Health Records

Chapter 766 records, Special Education Records

No restrictions on record release

Other

REASON(S) FOR WITHDRAWAL OR RELEASE OF RECORDS:

Parent/Guardian Signature

Date

RECORDS RELEASED TO:

_____ Date: _____ By Staff Member _____