



Elementary/ Middle School
329 Bishops Highway, Kingston, MA 02364
(781) 585-2114

TRANSCRIPT RELEASE AUTHORIZATION FORM

I hereby authorize the release of school records for my child, (please print full name)

_____ to any public or private school

which requests:

Copy of cumulative records

Health and dental records

Standardized test results

Any other pertinent information regarding the student,
written or verbal

Please forward these records to:

School

Street

City

State

Zip Code

It is acknowledged that this permission is in conformity with the General Laws of the Commonwealth of Massachusetts.

Signature of Parent/Guardian: _____

Date: _____, 20_____



329 Bishops Highway
Kingston, MA 02364

SCHOOL RECORDS RELEASE

Please give this completed form to the person at your school who is responsible for student records.

Top section to be completed by Parent/Guardian:

Student Name	_____	D.O.B	_____
	<i>First Middle Last</i>		
Address	_____		
	<i>Street</i>	<i>City/Town</i>	<i>State Zip</i>
Current School:	_____		_____
	<i>Name of School</i>	<i>City/Town</i>	<i>Grade</i>
I authorize the release of my child's complete school record to Sacred Heart School.			

Parent/Guardian Name			
_____			_____
Parent/Guardian Signature			Date

To the Principal/Records Office:

The student listed above has enrolled at Sacred Heart School for the **2020-2021** school year.

Please forward a copy of his/her complete school record, including:

- Transcripts/Report Cards
- Attendance Record
- Standardized Testing Results
- IEP/504 Plan, if applicable
- Health Record

Records should be sent to:

Sacred Heart School
329 Bishops Highway
Kingston, MA 02364

Thank you very much for your attention to this matter.