

ARLINGTON PUBLIC SCHOOLS

PERMISSION FOR RELEASE OF INFORMATION

Student _____
Last Name First Name Middle Name

Date of Birth ____/____/____
Month Day Year

I, _____ hereby authorize _____
Parent/Guardian Student's Previous School

To provide oral reports and written documents included, but not limited to:

- Student's permanent record
- Evaluations
- Most recent report card
- Most recent MCAS scores (if applicable)
- Attendance Record
- Discipline Record
- Health Records

to the Arlington Public Schools for the purpose of assisting in planning the educational program for the above mentioned student.

Signature (Parent/Guardian) ____/____/____
Month Day Year

These materials will be sent to the following address:

Name: _____

School: _____

Address: _____
