



City of Brockton
BROCKTON PUBLIC SCHOOLS

Michael P. Thomas ♦ Interim Superintendent of Schools

Catherine A. Leger

Guidance Department Head 9-12

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AUTHORIZATION FOR TRANSFER OF STUDENT RECORDS

I, the undersigned, authorize **BROCKTON HIGH SCHOOL** to transfer all school records of:

NAME OF STUDENT: _____

DATE OF BIRTH: _____ HOUSE & GRADE _____ ID # _____

IS THE STUDENT RECEIVING SPECIAL ED YES or NO (Please Circle)

TO THE FOLLOWING SCHOOL:

Name of School

School Address

School City, State, Zip Code

NEW RESIDENCE:

Address

City, State, Zip Code

DATE: _____

Parent/Guardian Signature

Phone: _____