



AUTHORIZATION FOR RELEASE OF RECORDS
BROCKTON HIGH SCHOOL

I HEREBY REQUEST THE TRANSFER OF ALL SCHOOL RECORDS OF MY CHILD

FROM:

NAME OF SCHOOL

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE NO.

FAX NO.

TO:

BROCKTON HIGH SCHOOL
ATTENTION: CATHERINE A. LEGER
470 FOREST AVENUE
BROCKTON, MA 02301
PHONE: 508-580-7477
FAX: 508-580-7499

REQUESTING

TRANSCRIPT

TRANSFER GRADES

HEALTH RECORD

DISCIPLINE

IEP/SPED

MCAS SCORES

OTHER

NAME OF STUDENT

DATE OF BIRTH

SIGNATURE OF PARENT OR GUARDIAN

DATE

PHONE NO.

Dates Faxed _____, _____, _____

Date complete records are received _____

Date Parent Contacted _____ Approval for registration _____