

# Barre Supervisory Release of Information Form

Date: \_\_\_\_\_

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_

The above student(s) have been enrolled in our school. Please send all records (cumulative scholastic, special education, health, psychological, behavioral and any other records pertinent to this student).

We are in need of the following checked items to be FAXED as soon as available so that the student may start school:

Birth Certificate

Immunizations

Latest IEP, EST, 504 or behavior plan

Report Card

Transcript (if high school, grades 9-12)

Thank you for your prompt attention to our request. Please call 802-476-7889 for Barre City, 802-476-6617 for Barre Town, 802-476-5011 for Spaulding High School or 802-476-6237 for Central Vermont Career Center with any questions.

---

## Parental Permission

I give permission for the release of the above information to

Barre City Elementary and Middle School

Barre Town Middle and Elementary School

Spaulding High School

Central Vermont Career Center

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Rec'd \_\_\_\_\_ Faxed: \_\_\_\_\_ Mailed: \_\_\_\_\_