

# SPAULDING HIGH SCHOOL

## School Counseling Office

155 AYERS ST SUITE 1  
BARRE, VT 05641  
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HEAD OF SCHOOL COUNSELING  
RY HOFFMAN

COUNSELORS  
LAURIE BERRYMAN  
SUSAN CHICKERING  
EMILY GRAHAM  
PEGGY PORTELANCE

## RECORDS REQUEST FORM

Date \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, grade \_\_\_\_\_, a student recently enrolled at your school, has enrolled at Spaulding High School. Please send us a transcript of his/her academic record, test scores, Special Education reports, health record, and any other information that may be helpful to us. Please also enclose an explanation of your marking system.

Thank you.

Ry Hoffman  
Head of School Counseling

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I give permission for these records on my son/daughter,

\_\_\_\_\_, to be sent to Spaulding High School.

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_

Note: Federal Law 99.31, 1-78 = No parent signature required for educational records sent to another educational agency.