



Phone: 508 597 2400

Fax: 508 597 2499

Web: www.amsacs.org

201 Forest Street, Marlborough, MA 01752

Release of Student Records

I hereby give permission for the release of the accumulated school records/information of my child:

Student Name: _____ DOB: _____ Grade: _____
 First Middle Last

From : AMSA Charter School, 201 Forest Street, Marlborough, MA 01752.

Attention: Linda Edwards,

Phone: 508-597-2487, Fax: 508-597-2492, Email: l.edwards@amsacs.org

To : School Address _____

Attention: _____

Information/ Records to be released includes but not limited to the following:

- | | |
|------------------------------------|--------------------------------|
| 1. Academic Records | 2. Test Results |
| 3. Medical Records | 4. Attendance and Discipline |
| 5. Guidance records, including 504 | 6. SASID ID# |
| 7. Special Education Record | 8. Other pertinent information |

Parent/Guardian Name (Print) _____

Date _____

Parent/Guardian signature _____