



PERMISSION TO RELEASE SCHOOL RECORDS

RETURN TO: Thetford Elementary School
PO Box 182/2689 Route 113
Thetford, VT 05074
tesinfo@oesu.org

I grant permission to: _____
(Name of student's current or most recent school)
to release a copy of my child's school records to Thetford Elementary School.

Please send all school records, including IEP plans, 504 plans, EST plans, guidance, and health files for the following student/s who are enrolled at Thetford Elementary School.

STUDENT/S NAME	BIRTHDATE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have an IEP, 504, or EST _____

Thank you,
Bernice Mills, Principal

I give my permission for the school records of the student/s listed above to be released to Thetford Elementary School.

Signature of Parent or Guardian

Date