



**Phone:** (508)597-2487

**Fax:** (508) 485-0824

**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: 508-485-0824, Email: [ledwards@amsacs.org](mailto:ledwards@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: \_\_\_\_\_