

# Randolph School District

40 Ayers Brook Road  
Randolph, VT 05060  
802.728.9555  
FAX: 802.728.6709  
www.orangesouthwest.org

## REQUEST FOR RELEASE OF EDUCATIONAL RECORDS/INFORMATION

Purpose of Release:

\_\_\_ Transfer to Randolph School District (**start date**) \_\_\_\_\_

\_\_\_ Sharing of information between Randolph and \_\_\_\_\_

Regarding (topic of service) \_\_\_\_\_

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Student(s): \_\_\_\_\_

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

City/State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_

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Name of Previous School: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_

City/State: \_\_\_\_\_

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**Please send records to:** Jenn Lacaillade, Administrative Assistant  
Randolph Elementary School  
40 Ayers Brook Road  
Randolph, Vermont 05060

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\_\_\_ I hereby authorize the transfer of all records pertaining to the above-named student(s). Please send original transcript of grades, health record, attendance record, and any special education records including the IEP, evaluations, notices and all other information that is part of his/her education record. Please include grades earned to time of withdrawal and an explanation of your grading system.

\_\_\_ I hereby authorize the above agencies to share information regarding the above named student(s), with the following restrictions (if any): \_\_\_\_\_

Parent/Guardian Print Name

Parent/Guardian Signature    Date