

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize:

(school)

(address)

(phone or fax)

To furnish the following documents regarding the student listed below:

- (1) Student record, including transcript and temporary record;
- (2) Health record, including immunization record;
- (3) Individualized Education Plan (IEP) or 504 Accommodation Plan, all special education records, previous and current;
- (4) School discipline record; and
- (5) Copy of Birth Certificate.

(student)

(address)

To:

**Berlin-Boylston Public Schools
Boylston Elementary School
200 Sewall Street
Boylston, MA. 01505
(508) 869-2200**

Date: _____ Signature: _____

Relationship: _____

Adopted May 17, 2012