



MIDDLEBOROUGH PUBLIC SCHOOLS

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Kathryn Goodine
District Registrar

Authorization for Release of Records

Name of Student - _____

Date of Birth - _____

From:

School/Agency - _____

Street Address - _____

Town, State, Zip Code - _____

Phone Number - _____

Fax Number/ Email - _____

To:

School/Agency - _____

Street Address - _____

Town, State, Zip Code - _____

Phone Number - _____

Fax Number/ Email - _____

Requesting the following records:

Academic Testing Results, including MCAS or Other State Standardized Test Scores

Academic Transcript and/or Report Card

Attendance for most current school year

Discipline Report, if none a letter stating such

Guidance, Adjustment Counselor, and/or Social Worker Reports

Health Records

Individual Education Plan (IEP), Curriculum Accommodation Plans (CAP), and/or 504 Plan

Special Education Evaluations: Educational, Psychological, Related Services, etc.

Special Education Progress Reports

Two-Way Communication

Parent/Guardian Signature - _____ Date - _____

Phone Number - _____