



Carlisle Public Schools

83 School Street Carlisle, MA 01741 Phone: 978-369-6550 Fax: 978-371-2400

STUDENT RECORD RELEASE

I hereby authorize the _____
NAME OF SCHOOL (student is leaving)

(PHONE NUMBER OF SCHOOL)

(FAX NUMBER OF SCHOOL)

(ADDRESS OF SCHOOL)

to release the contents of student records, including academic, health, and special education (if applicable) of:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

*NOTE TO SCHOOL CHILD IS LEAVING: If Massachusetts public school, please indicate SASID number for each student.

Please send to:

ATTN: Student Records
Carlisle Public Schools
83 School Street
Carlisle, MA 01741

Signature of Parent/Guardian

Date _____

Print Name _____