



## Dedham Public Schools

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### RELEASE OF RECORDS & INFORMATION REQUEST

I request and consent to the release of records and information concerning my child:

Student's Name : \_\_\_\_\_

TO/FROM School Name : \_\_\_\_\_

School Phone : \_\_\_\_\_

School Fax : \_\_\_\_\_

**TO/FROM: Dedham Public Schools.**

The following information is relevant to developing an appropriate and informed educational plan for my child:

- Transfer Card and/or SASID
- Cumulative Records
- Health Records
- Achievement Tests
- Disciplinary Records –including any suspension and/or expulsion
- Special Needs Information
  - Copy of I.E.P. and results of tests administered
  - Psychological testing

I hereby authorize you in my capacity as parent/legal guardian of the above named, or on my behalf, to release a transcript, test results, any special needs information, health record, disciplinary records and any other information requested. This information is to be used in determining the admission status of this student. Both written information and telephone conversations are permitted to improve the educational programming for my child.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

New Address (if applicable) – Street, Town, State: \_\_\_\_\_

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*Dedham Public Schools are committed to creating an educational environment where high quality outcomes and opportunities are available to every student and staff member, regardless of race, ethnicity, sexual orientation, gender identity or expression, religion, national origin, language, disability, or socio-economic status.*

**Administration Building, 100 Whiting Avenue, Dedham, MA 02026 • (781) 310-1000 • [www.dedham.k12.ma.us](http://www.dedham.k12.ma.us)**

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