



NORTH MIDDLESEX REGIONAL SCHOOL DISTRICT

66 Brookline Street | Townsend, MA 01469

RELEASE OF RECORDS

Student Name: _____ Date of Birth: _____ Grade: _____

The above named student has enrolled in the North Middlesex Regional School District. Our records indicate this student is transferring from:

Name of School		
Street Address		
Town/City	State	Zip Code
School Phone Number		School e-mail to send request

Please release the following information and any other pertinent information for this student.

Academic Transcript
 Health Record
 Conduct & Attendance Records

Standardized Test Results
 Special Education Records
 Legal Documents, if applicable

SEND TO: (select one)

<input type="checkbox"/> Ashby Elementary 911 Main Street Ashby, MA 01431 P: 978-743-1005	<input type="checkbox"/> Spaulding Memorial Elementary 1 Whitcomb Street Townsend, MA 01469 P: 978-597-0380	<input type="checkbox"/> Varnum Brook Elementary 10 Hollis Street Pepperell, MA 01463 P: 978-433-6722
<input type="checkbox"/> Hawthorne Brook Middle School 64 Brookline Street Townsend, MA 01469 P: 978-597-6914	<input type="checkbox"/> Nissitissit Middle School 33 Chase Ave Pepperell, MA 01463 P: 978-433-0114	<input type="checkbox"/> North Middlesex Regional High School 19 Main Street Townsend, MA 01469 P: 978-597-8196 guidance@nmrsd.org

I hereby authorized North Middlesex Regional School District to request all records pertaining to the above named student.

Signature of Parent or Guardian

Date

office use only: release sent Date: _____	Initials: _____
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