



Phone: (508)597-2487

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201 Forest Street, Marlborough, MA
01752

Lage Dosye Elèv yo: Release of Student Records

Mwen bay pèmision pou yo lage dosye enfòmasyon lekòl pitit mwen an ki te akimile yo:

I hereby give permission for the release of the accumulated school records/information of my child:

Non Elèv la:

Student Name: _____

Dat Nesans/ DOB: _____ **Nivo Klas/ Grade:** _____

Pou: AMSA Charter School,

201 Forest Street, Marlborough, MA 01752.

Atansyon:: Linda Edwards

Telefòn: 508-597-2487, Fax: 508-485-0824, Email: ledwards@amsacs.org

Soti nan: Adrès Lekòl la/ From School Address _____

Atansyon: _____

Enfòmasyon/Dosye ki pral lage yo enkli, men yo pa limite sèlman ak sa ki annapre yo:

Information/ Records to be released includes but not limited to the following:

- | | |
|--|--|
| 1. Dosye Akademik /Academic Records | 2. Rezilta Tès /Test Results |
| 3. Dosye Medikal /Medical Records | 4. Prezans ak Disiplin
/Attendance and Discipline |
| 5. Dosye Konsèy, ki gen ladan Plan 504 /Guidance records, including 504 | 6. SASID ID# |
| 7. Dosye Edikasyon Espesyal / Education Record | 8. Lòt enfòmasyon ki enpòtan /Other pertinent information |

Non Paran/Gadyen (Ekri an Lèt Klè)

Parent/Guardian Name _____ **Dat Date:** _____

Siyati Paran/Gadyen:

Parent/Guardian Signature: _____

Paran/gadyen an dakò ke siyen elektwonikman gen menm valè ak yon siyati fèt ak plim. Si ou pa dakò, tanpri enprime fòm nan epi siyen li.

The parent/guardian agrees that signing electronically is equivalent to a handwritten signature. If you do not agree please print the form and sign.

10/27/2025