

Date: _____

I hereby authorize the officials of the _____
Name of Student's Former School

Former School Address

Former School Telephone Number

Former School Fax Number

Former School Email Address

To release the following information on my child:

Full Name of Student

_____/_____/_____
Date of Birth (MM/DD/YYYY)

Grade

- ☐ Cumulative Academic Record (Including Standardized Test Results)
- ☐ Health Records
- ☐ Special Education/IEP Information/504 Plan
- ☐ Discipline Records
- ☐ All ELL testing records & ACCESS reports

Please scan & email or fax the above requested information to the following:

Student Registration Center
Cambridge Public Schools
459 Broadway
Cambridge, MA 02138

Email to: SRC@CPSD.US
FAX to: 617-349-6552

Student's New Address:

Signature of Parent/Guardian