



Berlin Memorial School

34 South Street
Berlin, Massachusetts 01503



John F. Campbell, Jr.
Principal

Phone (978) 838-2417

FAX (978) 838-2395

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize:

(school)

(address)

(phone or fax)

To furnish the following documents regarding the student listed below:

- (1) Student record, including transcript and temporary record;
- (2) Health record, including immunization record;
- (3) Individualized Education Plan (IEP) or 504 Accommodation Plan, all special education Records, previous and current;
- (4) School discipline record; and
- (5) Copy of Birth Certificate.

(student)

(address)

To: Berlin Memorial School
34 South Street
Berlin, MA. 01503

Date: _____ Signature: _____

Relationship: _____