



NORTH MIDDLESEX REGIONAL SCHOOL DISTRICT

19 Main 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

Guidance or Registrar E-mail

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"/> Squannacook Early Childhood Center 66 Brookline Street Townsend, MA 01469 P: 978-579-0285	<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: