



WILMINGTON PUBLIC SCHOOLS
Wilmington, Massachusetts 01887
Student Record Release Form

I hereby give permission for the following third party (parties) to:

☐ Inspect

☐ Receive a copy of

the parts of my/my child's _____ student record noted below.
(Student's Name)

School Transferring FROM:	School Transferring TO:	Other:

Reason for release of records: _____

If moving, please include new address and phone number:

Address: _____

Phone Number: _____

Anticipated Withdrawal Date from Wilmington Public Schools: _____

The following student records will be requested by or sent to the above-mentioned school:

- Cumulative Folder
- Health Records

☐ Please check if your child is a Special Education/504 Student

If applicable, Special Education Folder may include:

- Education Plan
- Medical Evaluations
- Social Evaluations
- Education Evaluations
- Psychological Evaluations
- Other (Specify)

Signature of Student or Parent

Classroom/Grade

Date

This form may be signed by a student or former student of fourteen years of age or older, or, a student in the ninth grade or above, or a parent. When Special Education records are involved, a parent's signature is required if the student is not 18 years of age.