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ALUMNI AUTHORIZATION FOR RELEASE OF RECORDS

Name (include maiden name if applicable): _____

Date of Birth: _____

Year of Graduation: _____

Daytime Telephone: _____

Signature: _____

I authorize Norwell Public School to release the requested records to:

Name _____

Address _____

Please mark records requested to be sent:
(availability may vary based on YOG)

- ☐ Transcript
- ☐ Health Record
- ☐ Discipline Record
- ☐ Attendance Record (number of days absent and tardy)
- ☐ Testing Record (MCAS)
- ☐ IEP or 504 Plan (if applicable)
- ☐ Athletic participation
- ☐ Other (please specify):