

STUDENT RECORD RELEASE FORM

WEST SPRINGFIELD HIGH SCHOOL
WEST SPRINGFIELD, MASSACHUSETTS

NAME: _____
(Print) Last First

YEAR OF GRADUATION: _____

Maiden Name

DATE OF REQUEST: _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

CONSENT FOR DISSEMINATION OF STUDENT RECORD

Please send a copy of my (or my child's) school record to:

1. _____

2. _____

REASON FOR RELEASE OF RECORDS: _____

PARTS OF RECORD TO BE RELEASED (please check):

* TRANSCRIPT S.A.T. SCORES MCAS RESULTS
TEACHER & COUNSELOR EVALUATIONS

OTHER (Specify) _____

** _____
SIGNATURE OF STUDENT OR PARENT

*The transcript shall contain administrative records that constitute the minimum data necessary to reflect the student's educational progress and to operate the educational system. These data shall be limited to the name, address, and phone number of the student; his/her birthdate; name, address, and phone number of parent or guardian; course titles, grades (or the equivalent when grades are not applicable), course credit, grade level completed, and the year completed. **Commonwealth of Mass. Dept. of Education Regulation 23.02 (6)**

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.

DATE SENT BY WEST SPRINGFIELD HIGH SCHOOL _____