

Last Name:

First Name:

DOB:



# Gardner Public Schools

## Consent for Release of Records

The above named student is enrolling in the Gardner Public School District. Please forward all records to:

\_\_\_\_\_  
**(School)**

\_\_\_\_\_  
**(Street)**

\_\_\_\_\_  
**(City) (State) (Zip)**

\_\_\_\_\_  
**(Phone) (Fax)**

### RECORDS TO BE RELEASED:

- Transcript Information
- Attendance Record
- Discipline Record
- Academic Record
- Standardized Testing Results
- Health Record
- Teacher / Counselor Evaluations
- Special Education Records (Including IEP's, testing, service plan, etc.)
- SASID Number
- All other pertinent information

### TRANSFERRING FROM:

\_\_\_\_\_  
**(School)**

\_\_\_\_\_  
**(Street)**

\_\_\_\_\_  
**(City) (State) (Zip)**

\_\_\_\_\_  
**(Phone) (Fax)**

I hereby authorize the above named school to forward the records requested.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent / Guardian Name (Please Print)