

AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE THE FOLLOWING SCHOOL (ENTER Name, Address and Phone Number of Previous School):

TO RELEASE COPIES OF THE FOLLOWING INFORMATION:

- All Official Transcripts and Report Cards
- MCAS and Other State Testing Reports
- Individual Education Plans, IEP, and any other Special education documents
- 504 Accommodation Plans
- English Language Testing and Progress Reports
- Health Records Including all Immunizations
- Attendance History
- Discipline Records

STUDENT NAME	DATE OF BIRTH	GRADE AND SCHOOL ENTERING
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PRINT PARENT /GUARDIAN NAME	PHONE NUMBER	HAVERHILL ADDRESS
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SIGNATURE OF PARENT OR STUDENTS (IF OVER 18 YEARS OF AGE)	DATE
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SEND K-8 RECORDS TO:

Attendance Department
Haverhill Public Schools
45 Fountain Street
Haverhill, MA 01830
Tel: 978-374-3439
Fax: 978-373-3815
Scan/Email: smoccio@haverhill-ps.org

SEND HIGH SCHOOL RECORDS TO:

High School Guidance Department
Haverhill High School
137 Monument Street
Haverhill, MA 01832
Tel: 978-374-5700 ext. 1134
Fax: 978-372-7419
Scan/Email: mgravel@haverhill-ps.org

FOR HAVERHILL REGISTRATION STAFF ONLY:

Did student ever attend HPS? YES NO

Date Release Sent: _____

Date 2nd Request Made: _____

Month/Year Discharged: _____

Initial: _____

Initial: _____