

## Release of Information

**Leaving:**

Name of Student: \_\_\_\_\_

New Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Former Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Last day at Beecher Road School: \_\_\_\_\_

**PLEASE RELEASE THE FOLLOWING INFORMATION REGARDING MY CHILD (Attn: Judy Silva):**

(Check all that apply)

<input type="checkbox"/>	General Educational Records	<input type="checkbox"/>	Medica/Health Records
<input type="checkbox"/>	Special Services Records	<input type="checkbox"/>	Psychological Evaluation
<input type="checkbox"/>	Social/Development History	<input type="checkbox"/>	Individual Education Plan (IEP)

**Please send to:**

Name of New School: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

As a parent or guardian of the above named child, I hereby request that my child's records be released and sent as indicated above.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date signed**

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Date records sent to above school: \_\_\_\_\_ Sent by: \_\_\_\_\_

**Please release the following information to: Beecher Road School, Attn: Judy Silva**

