



## RECORDS RELEASE/REQUEST FORM

**In compliance with State and Federal laws, permission is required of a parent or legal guardian for the release of any school records. My signature below authorizes the release of my child's school records to the:**

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**Name and Address (including zip code) of School Last Attended or Transferring to**

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**Student's Full Name**

**I hereby grant permission to release/obtain the following documents:**

- Health Record
- Massachusetts Transfer Card
- Transcript of grades
- Standardized Test Results – (Shared with Skills Center Faculty)
- Special Education Records (if applicable) – When **obtaining** Special Education records please have them sent to: Bedford Public Schools, Special Education Office, 97 McMahon Road, Bedford, MA 01730. Information requested could include all special education records, i.e., I.E.P./Amendments, Evaluations, Testing, Report Cards, Progress Reports. This will also authorize the pertinent staff member to discuss my son/daughter, by telephone, between schools. **Special Education records may only be released by Bedford Special Education Central Office.**
- 504 Records (if applicable) – When **obtaining** 504 records please have them sent to the 504 Coordinator/Assistant Superintendent, Bedford Public Schools, 97 McMahon Road, Bedford, MA 01730. **504 records may only be released by the Assistant Superintendent's Office.**
- Key to your grading system in percent (including passing grades) (high school only)
- Key to leveling of courses (high school only)
- Discipline records (If a student is entering Bedford Public Schools we require a statement from your previous school's principal/assistant principal/dean attesting to any and all discipline actions. If there are no discipline issues, a short, simple statement signed by one of the above individuals attesting to this fact can be submitted.)

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**Signature of Parent/Guardian**  
**(High School Student over 18 may sign)**

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**Date**