



1831 State Road
Richmond, Massachusetts 01254
413.698.2207 Telephone
413.698.3199 Facsimile

Richmond Consolidated School

Authorization for Release or Transfer of Information

Student Name _____ Grade _____ as of school year _____

School Name _____

School Address _____

School Phone Number _____ Fax Number _____

I hereby authorize that the following information contained in my personal file be sent to:

Richmond Consolidated School
Attn: Natalie Gingras, Admin Asst.
1831 State Road
Richmond, MA 01254

Please indicate which confidential records are to be released:

- Transcript (name, Massachusetts SASID number, age, names of parents/guardians, home and mailing addresses, dates of attendance, days present, courses taken and grades received to date of leaving, activities participated in, and standardized test results.)
- Health Records
- Custody Papers
- Special Education Records (including most recent IEP, psychological, educational, medical and all other pertinent assessments.)
- 504 Plan and supporting documentation.

Date: _____

Signature of Student (if 14 or over) _____

Signature of Parent or Legal Guardian _____

In accordance with Federal Law P.L. 93-380, Section 438, parents have right to view the material upon its arrival.

