

Regional School District No. 57 Alfred, Limerick, Lyman Newfield, Shapleigh, Waterboro

CONSENT FORM TO RELEASE/TRANSFER RECORDS AND INFORMATION

		,	-
	Name of Student:		
	Transferring to Grade:	Date of Birth:	
	School Last Attended:		
	School Address:		
	City:	State:	Zip Code:
	Phone Number:	Fax Number:	
	First Day of Planned Attendance	in RSU 57*:	
	*Parent/Guardian will be n	otified when student can start school. This proc	ess can take 1-2 business days.
		ax current IEP and/or 504 as soon as protection at 202	
Please	e send all student records including:		
	Cumulative Educational Records		
	Official transcript of student's classes in current school or any other school attended		
	Assessments and Reports		
	Health Records, including Immunizati	on Records	
	All Special Ed/IEP Records		
_	D : 161 111 7 57	Requested by:	
To:	Regional School Unit 57		Alfred Elementary
	Attn: Nancy Watson, District Registra		Line Elementary
	86 West Road		Lyman Elementary
	Waterboro, ME 04087 Tel: (207) 247-3141 ext. 2264		Shapleigh Memorial
	Fax: (207) 247-3141 ext. 2264		Waterboro Elementary Middle School
	Email: nancywatson@rsu57.org		High School
Parer	nt/Guardian Release/Transfer of Reco	rds and Information	
	by authorize the release/transfer of the s Statutes, regarding the transfer of educa	•	dance with 20-A MRSA § 6001-B, of the Main
	Date:	Parent/Guardian Signature:	