

Sanford School Department

917 Main Street, Suite 200, Sanford, Maine 04073
Tel: 207-324-2810 Fax: 207-324-5742

CONSENT FORM TO RELEASE/TRANSFER RECORDS AND INFORMATION

(List previous School, including Pre-K if applicable, Physician, or Counselor, Include Address &/or Phone/Fax if available)

TO: _____

RE: _____ - _____
Student's Name Date of Birth

****Please email copies of checked Items to olr@sanford.org: Birth Certificate ☐, Immunization Records ☐, IEP/504 ☐**

REQUESTED BY:

- | | | |
|---|--|--|
| <input type="checkbox"/> Carl J. Lamb School | <input type="checkbox"/> Sanford Middle School | <input type="checkbox"/> Margaret Chase Smith School |
| <input type="checkbox"/> Sanford Pride Elementary | <input type="checkbox"/> Sanford Regional | |
| <input type="checkbox"/> Sanford High School | | |

Please forward the following records and/or reports:

- ☐ Assessments and Reports
- ☐ Counselors Records / Reports
- ☐ Cumulative Educational Records
- ☐ Health Records, including Immunization Records
- ☐ Other: _____

Mail to:

Sanford School Department
Attn: Anne L'Heureux
Enrollment Services
917 Main St, Sanford, ME 04073
Tel: (207) 324-2810
Fax: (207) 324-5742
E-mail: Alheureux@sanford.org

Please forward all **SPECIAL EDUCATION** and **SECTION 504** records (active and inactive) to:

Sanford School Department
District Special Education Office
Sanford High School
100 Alumni Blvd.
Sanford, ME 04073
Tel: (207) 457-1413
Fax: (207) 459-7813

Parent/Guardian or Registrar Release/Transfer of Records

I hereby authorize the release/transfer of the above requested information in accordance with 20-A MRSA, §6001-B, of the Maine State Statutes, regarding the transfer of education records:

Date Parent/Guardian/Registrar Signature

Is the student a State Ward or
State Agency Client? ☐ Yes ☐