

AUTHORIZATION TO RELEASE SCHOOL RECORDS

NAME _____ YEAR OF GRADUATION _____

MAIDEN NAME _____

PRESENT ADDRESS _____

PHONE NUMBER _____

In accordance with Chapters 71 & 71B of the General Laws, I hereby grant permission to the officials of David Prouty High School to forward my school records to the individuals or organizations indicated below. The records released shall include a summary of my educational progress, my rank in class and cumulative average, appropriate standardized test scores (where available), a list of extra-curricular activities and official administrative information (name, address, birth date, etc.) It is understood that a letter of recommendation may also be sent, if requested. Nothing will be sent anywhere without the signature of the student and the parent.

SIGNATURE _____ DATE _____

GUARDIAN OR
PARENT'S SIGNATURE _____ DATE _____

TRANSCRIPTS AND/OR LETTERS TO BE SENT TO.....

NAME & ADDRESS OF ORGANIZATION DATE OF REQUEST DATE SENT