

DOVER-SHERBORN HIGH SCHOOL

9 Junction Street, Dover, Massachusetts 02030

Tel (508) 785-1730 FAX (508) 785-8141

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

I hereby give my permission to _____
Name of Previous School

Address of Previous School

To release all of my child's records to the Guidance Office of Dover-Sherborn High School.
These records shall include:

- Date of withdrawal/transfer
- Date of entrance
- All grades, including all incomplete and failed courses
- Amount of credit earned in each course, both major and minor
- Key to school's grading system (school profile if possible)
- All intelligence, achievement, aptitude and any other school testing records or data, including state testing results
- Special Education testing information or Individualized Education Plan
- 504 Plan
- Complete disciplinary report
- Health records
- Other pertinent information

If the student withdrew/transferred prior to the close of the grading term, please list the courses in which the student was enrolled and the grades from each subject at date of withdrawal.

Name of Student: (Please print): _____

Student Signature: _____

Present Address: _____

Telephone: _____

Parent/Guardian Signature: _____