

# DOVER-SHERBORN MIDDLE SCHOOL

155 Farm Street, Dover, Massachusetts 02030

Tel (508) 785-0635 FAX (508) 785-0796

## 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 Middle School.  
These records shall include:

- Date of withdrawal/transfer
- Date of entrance
- All grades, including all incomplete and failed courses
- 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: \_\_\_\_\_