

Dedham Public Schools
Home of America's First Tax-Supported Free Public School

Dedham Middle School Guidance Department
70 Whiting Avenue
Dedham, MA 02026
Phone 781-310-7017 Fax 781-329-7468

RELEASE OF RECORDS (Grades 6-8)

I request and consent to the release of records and information concerning my child

_____ From
(Student's Name)

Name of School _____

Address of School _____

Phone Number _____ Fax Number _____

The following information is relevant to developing an appropriate and informed educational plan for my child:

1. Transfer Card and/or SASID
2. Cumulative Records
3. Transcript of Grades (with an explanation of marking system)
4. Standardized test scores (i.e. MCAS)
5. Health Records
6. Attendance Record
7. Discipline Record
8. Current Class Schedule
9. Relevant Special Education /Chapter 766 Information (i.e., IEP, psychological evaluations, PT/OT/SPL testing/reports, family development, social history, etc.)
10. 504 Plan

I hereby authorize you in my capacity as parent/legal guardian of the above named, or in my behalf, to release a transcript, test results, any special needs information, health record, disciplinary records and any other information requested. This information is to be used in determining the admission status of this student. Both written information and telephone conversations are permitted to improve the educational programming for my child.

Parent/Guardian Signature

Date

New Home or Forwarding Address _____
Dedham, MA 02026