

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

**Dedham High School Guidance Department**  
*140 Whiting Avenue*  
*Dedham, MA 02026*  
*Phone 781-310-1125 Fax 781-320-8920*

**RELEASE OF RECORDS (Grades 9-12)**

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