



Ayer Shirley Regional School District

CONSENT FOR RELEASE OF SCHOOL RECORDS **STUDENTS ENROLLING**

The "Family Education Rights and Privacy Act of 1974" requires that a student's parents or legal guardians be aware that their child's records are being released to another school district.

I hereby authorize the release of the school records for the following:

Student Name: _____

Date of Birth: _____ Current Grade: _____

Request Records From:

Previous School Name: _____

Address: _____

Telephone: _____ Fax: _____

Include the following information:

- Subjects, marks and credits earned
- Grades to date of withdrawal
- Standardized test results
- Attendance records
- Health records
- Educational plan and Special Education records (IEP, Behavior Plan, 504 Plan)
- Discipline records
- Other: _____

Transcripts should be sent to: (check box for appropriate receiving school)

- | | |
|---|---|
| <input type="checkbox"/> Ayer Shirley Regional High School
Attn: Guidance Department
141 Washington Street
Ayer, MA 01432
Tel. 978-772-8600 extension 1304
Fax: 978-772-1665 | <input type="checkbox"/> Page Hilltop Elementary School
Attn: Administrative Assistant
115 Washington Street
Ayer, MA 01432
Tel: 978-772-8600 extension 1401
Fax: 978-772-8631 |
| <input type="checkbox"/> Ayer Shirley Regional Middle School
Attn: Administrative Assistant
1 Hospital Road
Shirley, MA 01464
Tel. 978-772-8600 extension 1200
Fax: 978-425-0474 | <input type="checkbox"/> Lura A White Elementary School
Attn: Administrative Assistant
34 Lancaster Road
Shirley, MA 01464
Tel: 978-772-8600 extension 1100
Fax: 978-425-2639 |

Parent/Guardian Signature

Date