

Ph: 617.879.4600

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THE PUBLIC SCHOOLS OF BROOKLINE BROOKLINE, MASSACHUSETTS 02445

REQUEST FOR STUDENT RECORDS

__, am the parent or guardian of

02445

Ph: 617.264.6492

Fax: 617.264.6494

academic records including official transcript, testing results, discipline, health, Special Education, and any other information regarding my child to the Public Schools of Brookline. I further give permission to the Public Schools of Brookline to speak to my child's former teachers, principal, guidance counselor, and other school staff as needed. Name of Student				•	authorize the release			
Schools of Brookline to speak to my child's former teachers, principal, guidance counselor, and other school staff as needed. Name of Student				•	•	•		
Signature of Parent or Guardian	Schools of	Brookline to speak to			• .			
Previous School Information: Name Address City State Zip Phone # Fax #	Name of St	Name of Student				Date of Birth		
Previous School Information: Name Address City State Zip Phone # Fax #	Signature o	Signature of Parent or Guardian				Date		
State	<u>Pre</u>	vious School Inform	nation:					
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