



Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

REQUEST FOR STUDENT RECORDS

TO WHOM IT MAY CONCERN:

I hereby give permission to: _____

to forward the records specified below and belonging to:

Name of Student Date of Birth

- Transcript of record
- Scores of standardized tests
- Health Record (including immunizations)
- Individualized Education Program and related assessments
- Other available guidance information (i.e. teacher/counselor evaluations, extracurricular activities, etc.)
- Disciplinary Record
- English Language Learner (ELL Information)
- Other (please specify) _____

Signature of Parent/Guardian or Student Date

Send to school to be enrolled: _____

