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Wrentham Public Schools

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School Records Request

I hereby authorize the Wrentham Public Schools to request all my child's records including scholastic, health and special education, if any, and for these records to be released to the Wrentham Public Schools immediately.

Name of Student: _____

Previous School Information

Former Principal: _____

Name of Former School: _____

Street: _____

Town, State, Zip Code: _____

Fax Number (with Area Code): _____

Special Education Records: No Yes

Parent/Guardian Signature:

Date:

By either typing or writing your name above you are agreeing to the statements made on this form.