

## **Authorization for Release of Records**

Student's Name				
Date of Birth		Grade		
Previous School Name				
Previous School Address/City/State/Zi	p			
Previous School Telephone		Previous School Fax		
Student's Previous Guidance Counselor		Guidance Couns	elor T	elephone
The above named student is enrolled i records/information to the address in	•	ublic Schools. Plea	se ser	nd the following
Official transcript of grades Massachusetts SASID (if applicable) Previous State test results Achievement & Ability test results Complete health records Key to your grading system (High School only) Withdrawn date		Withdrawn grades Disciplinary records Attendance records Individual Education Plan (if applicable) 504 plan (if applicable) English proficiency test results Other pertinent information		
Parent/Guardian Signature				Date
Send reco	rds to the addres	s checked below:		
☐ Wayland High School Attn: Guidance Department 264 Old Connecticut Path Wayland, MA 01778	□ Claypit Hi 40 Adams Wayland,			Loker School 47 Loker Street Wayland, MA 01778
☐ Wayland Middle School 201 Main Street Wayland, MA 01778	63 Pequo	ollow School t Road MA 01778		
Note: Under Federal Law 99 parental/guardian consent	_			