



# WESTBOROUGH PUBLIC SCHOOLS

## *Authorization to Release Student Records*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Home address before moving to Westborough: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### **PLEASE MAIL STUDENT RECORDS TO SCHOOL INDICATED BELOW**

Westborough High School  
90 West Main Street  
Westborough, MA 01581  
P: 508-836-7720 F: 508-836-7723

Gibbons Middle School  
20 Fisher Street  
Westborough, MA 01581  
P: 508-836-7740 F: 508-836-7744

Mill Pond School  
6 Olde Hickory Path  
Westborough, MA 01581  
P: 508-836-7780 F: 508-836-7788

Armstrong Elementary School  
18 Fisher Street  
Westborough, MA 01581  
P: 508-836-7760 F: 508-836-7763

Fales Elementary School  
50 Eli Whitney Streets  
Westborough, MA 01581  
P: 508-836-7770 F: 508-836-7773

Hastings Elementary School  
111 East Main Street  
Westborough, MA 01581  
P: 508-836-7750 F: 508-836-7755

My signature is consent for release of records and/or verbal exchange.

Please send the student's records; Attendance records, Health records, Transcript information, Student grades, Standardized test scores, Special Education Educational Plan and Assessments, 504, Discipline records, and State Assigned Student Identification Number (SASID, if applicable), Social/Emotional Development, and additional information pertinent to Student's transition/placement adjustments.

**SCHOOL STUDENT IS TRANSFERRING FROM:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian/other

\_\_\_\_\_  
Date

Records request faxed on: \_\_\_\_\_ Requested by Registrar: \_\_\_\_\_