



# WESTPORT COMMUNITY SCHOOLS

## Confidential Information Release

Please send information to: \_\_\_\_\_

\_\_\_\_\_  
Westport, MA 02790

\_\_\_\_\_  
Student Last Name                  Student First Name                  Student Middle Name                  Student Date of Birth

New/Previous School \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

As this student's parent or legal guardian, ***I authorize the release to Westport Community Schools*** all records pertaining to this student's education, development, health, safety and welfare. This includes, but is not limited to, the release of all information in accordance with Massachusetts General Laws, Chapter 71, which requires that students transferring into a local public school system provide the new school system with complete school records. I understand that these records may include

- cumulative education records including transcripts showing course enrollment, grades and credits earned and progress reports which show performance-related evaluations
- attendance records including entry and withdrawal dates and daily attendance
- discipline records including discipline incidents, in-school suspensions, out-of-school suspensions, expulsions and incidents involving violation of criminal acts
- standardized or diagnostic testing, including test dates and test scores
- health and immunization records
- special education services records, including Individual Education Plans (IEPs) and 504 Plans
- any other records important to the welfare of this student or other students, faculty and staff

***I also authorize the release by/to Westport Community Schools*** all records pertaining to this student's education to other schools, including primary and secondary schools outside the Town of Westport, colleges, trade schools, the military service or any other educational institution or occupational placement to which the student may apply.

***I also authorize the release by/to Westport Community Schools*** all records pertaining to this student's education to health care, counseling, testing, evaluation, diagnostic or treatment service providers with whom the family or the school has contracted.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Witnessing School Official

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**THIS FORM IS PLACED IN THE STUDENT'S FILE**