



Cambridge Public Schools RECORDS RELEASE FORM

FAMILY RESOURCE CENTER 15 UPTON ST, CAMBRIDGE, MA 02139 TEL. (617) 349-6551 FAX. (617) 349-6552

Date: _____

I, HEREBY, AUTHORIZE THE OFFICIALS OF THE _____
School Name

School Address

School Telephone Number

School Fax Number

TO RELEASE THE FOLLOWING INFORMATION ON MY CHILD:

Name of Student

Grade

_____/_____/_____
Date of Birth (MM/DD/YYYY)

- Cumulative Academic Record (Including Standardized Test Results)
- Psychological Records
- Health Records
- Special Education/IEP Information
- Discipline Records
- MA Transfer/School Discharge Slip

PLEASE FAX OR SEND THE ABOVE REQUESTED INFORMATION TO THE FOLLOWING ADDRESS:

Linh O, Director of Student Registration
 Cambridge Public Schools
 Family Resource Center
 15 Upton Street
 Cambridge, MA 02139
 Tel. (617) 349-6551
 Fax. (617) 349-6552

New Address:

Signature of Parent/Guardian