

Superintendent of Schools
Attention: STUDENT RECORDS
 150 Wakefield Street, Suite 8
 Rochester, New Hampshire 03867-1348
 Telephone 603-332-3678 ~ FAX 603-335-7367



Date: _____

REQUEST FOR STUDENT RECORDS

| | | | |
|----------------|--------------|--------------|-------|
| To: | _____ | | |
| School | _____ | | |
| Address | _____ | Tel.# | _____ |
| City | State | Zip | _____ |

According to the Final Regulation – Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that officials, including teachers within the educational institution and officials of other schools in which the student may intend to enroll, may receive a student’s records without a written consent for such release.

For the students listed, please forward all records including grades and medical information.
Please FAX Special Education/IEP/504 information (if applicable) to 603-335-7367.

| <u>STUDENT’S NAME</u> | <u>DATE OF BIRTH</u> | <u>GRADE</u> |
|-----------------------|----------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Student Records/Registration

Parent/Guardian Signature

Date Faxed/Sent _____ By _____