Spaulding High School
Rochester, New Hampshire 03867

AUTHORIZATION TO REQUEST OR RELEASE RECORDS

Date_____ Name of Student_____

Year of Graduation_____ or Current Grade_____ Date of Birth_____

I grant authorization to **RELEASE** the following records:

_____ high school transcript To: _____

_____ withdrawal grades Address: _____

_____ health records _____

_____ accumulative folder

_____ other _____

I grant authorization to Spaulding High School to **OBTAIN** the following records from: _____
_____

_____ high school transcript

_____ numerical withdrawal grades

_____ health records

_____# unexcused absences this year

_____ accumulative folder

_____Other _____

Please forward this to: Guidance Office
Spaulding High
130 Wakefield Street
Rochester, NH 03867

Authorized Signature _____
(If student is under 18, a parent or guardian must sign.)

Address_____ Telephone Number_____
(home)

_____ _____
(work)