



AUBURN PUBLIC SCHOOLS

Auburn, MA 01501

Withdrawal/Authorization to Release Student Records

Student Name: _____ Grade Level: _____

Previous Home Address: _____

Last day enrolled in Auburn Public Schools: _____

Name, address, and numbers of the school the student is transferring out of:

Former School Name: _____

Former School Address: _____ Auburn, MA 01501

School Phone Number: _____ School Fax Number: _____

Name, address, and numbers of the school the student is transferring into:

New School Name: _____

New School Address: _____

School Phone Number: _____ School Fax Number: _____

Type of school the student is transferring to or reason for withdrawal:

Public Private Home School Military

Job Corps GED/HiSET Drop-out

New home address where the student is moving to:

Address: _____

City, State, and Zip Code: _____

I authorize Auburn Public Schools to release all records for my child, including transcripts, report cards, standardized test scores, attendance records, health records, discipline records, court orders, special education or 504 educational plans and assessments, other evaluations and assessments by school staff, and the State Assigned Student Identification Number (SASID). I also consent to verbal exchange between the two schools.

Signature of Parent/Guardian: _____ Date: _____