

**AUBURN PUBLIC SCHOOLS  
CONSENT FOR DISSEMINATION OF STUDENT RECORDS/INFORMATION**

\_\_\_\_\_  
Name of Student                      SASID                      GRADE                      SCHOOL

I give permission for the following school district/third party to receive a copy of the part(s) of my child's student record or share pertinent information as noted below:

School District/Third Party Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Reason for Release of Records/Information: \_\_\_\_\_

- Transcripts                      High School Only:     Class Rank
- Attendance Records                       SAT & College Board Scores
- Health Records
- Standardized Test Scores
- Student Discipline Record
- Special Education or 504 Accommodation Plan Records
- Other evaluations/assessments by school staff
- Other (specify) \_\_\_\_\_



***If you are transferring in from another school and seek to enroll or attend, that school may forward your child's student records without parental consent according to 603CMR 23.07 (4g).***

\_\_\_\_\_  
Parent/Guardian Signature                      Student Signature (18 years or older)                      Date

This release shall remain in effect for one year: \_\_\_\_\_