



Wellesley Public Schools
40 Kingsbury Street, Wellesley, MA 02481
Phone 781-446-6210 Fax 781-446-6207

Registrar
Date Received _____
Date Removed _____

AUTHORIZATION TO RELEASE SCHOOL RECORDS WITHDRAWAL FORM

Student Name: _____ Current Grade: _____ DOB: ____ / ____ / ____
Teacher: _____

The above named student will no longer attend which of the following Wellesley Public Schools:

(Please check one)

- | | |
|--|--|
| <input type="checkbox"/> Bates Elementary School | <input type="checkbox"/> Sprague Elementary School |
| <input type="checkbox"/> Fiske Elementary School | <input type="checkbox"/> Upham Elementary School |
| <input type="checkbox"/> Hardy Elementary School | <input type="checkbox"/> Wellesley Middle School |
| <input type="checkbox"/> Hunnewell Elementary School | <input type="checkbox"/> Wellesley High School |
| <input type="checkbox"/> Schofield Elementary School | <input type="checkbox"/> P.A.W.S. |

I hereby certify that above named student has been enrolled in the following school:

Name of School: _____

School Address: _____

School Phone #: (____) _____ - _____

Last Day at Wellesley Public Schools: Date ____ / ____ / ____

I give permission for the following documents to be released to the above named school:

- Transcript information (includes identifying information, course titles, grades, or their equivalent and grade level completed)
- Attendance Record
- Discipline Records and State Assigned Identification Number (SASID) if applicable
- Health Records
- English Language Learner Records
- 504 plan or IEP Special Education Records, inclusive of:
 - *Evaluation Reports*
 - *Individual Education Program Documents (IEP's)*
 - *Progress Reports*
 - *Other Special Education Records*

Please Provide New Home Address (If applicable): _____

Parent/Guardian Signature Relationship to Student Date ____ / ____ / ____