



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: ____ / ____ / ____

The above named student will no longer attend which of the following Wellesley Public Schools: (please select school your child currently attends)

- | | |
|--|--|
| <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. |

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

Was your child on an IEP or 504 Plan? Yes ____ No ____

I hereby certify that above named student has been enrolled and will be attending the following school:

Name of School: _____

School Address: _____

_____ School Phone #: _____

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 ____ / ____ / ____