

# SHREWSBURY PUBLIC SCHOOLS

100 Maple Avenue, Shrewsbury MA 01545  
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## Authorization to Release Student Records

I authorize Shrewsbury Public Schools to release all records including, Attendance records, Health records, Transcript information, Report Cards, Standardized Test Scores, Special Education Educational Plan and Assessments, Discipline records, Court Orders, and the State Assigned Student Identification Number for my child. I also consent to verbal exchange with the new school.

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Address: \_\_\_\_\_ Shrewsbury, MA 01545

Who has been attending: \_\_\_\_\_  
School Name

\_\_\_\_\_ Shrewsbury, MA 01545  
School Address

Last day in Shrewsbury Public Schools \_\_\_\_\_

**Name and address of School** student is transferring to:

\_\_\_\_\_  
New School's Name

\_\_\_\_\_  
New School's Address

\_\_\_\_\_  
New school's City, State & Zip

**Type of School** student is transferring to (check appropriate box):

Public

Private

Home School

Military

Job Corps

GED

Drop out – plans unknown

**New home address** where student is moving to:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

Signature of Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

Shrewsbury Public Schools mailed records on \_\_\_\_\_