

# SHREWSBURY PUBLIC SCHOOLS

100 Maple Avenue, Shrewsbury MA 01545  
Tel. 508-841-8400 <http://schools.shrewsbury-ma.gov> Fax 508-841-8490

Joseph M. Sawyer, Ed.D.  
Superintendent of Schools

Mary Beth Banios  
Assistant Superintendent

Patrick C. Collins  
Assistant Superintendent for  
Finance and Operations

Barbara A. Malone  
Director of Human Resources

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## Authorization to Release Student Records

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

Home address before moving to Shrewsbury: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The above named student has been enrolled in:

Beal Early Childhood Center  
1 Maple Avenue  
Shrewsbury, MA 01545  
Phone 508-841-8860 – Fax 508-841-8862

Sherwood Middle School  
30 Sherwood Avenue  
Shrewsbury, MA 01545  
Phone 508-841-8670 – Fax 508-841-8671

Calvin Coolidge School  
1 Florence Street  
Shrewsbury, MA 01545  
Phone 508-841-8880 – Fax 508-841-8883

Walter J Paton School  
58 Grafton Street  
Shrewsbury, MA 01545  
Phone 508-841-8626 – Fax 508-841-8627

Floral Street School  
57 Floral Street  
Shrewsbury, MA 01545  
Phone 508-841-8720 – Fax 508-841-8721

Spring Street School  
123 Spring Street  
Shrewsbury, MA 01545  
Phone 508-841-8700 – Fax 508-841-8701

Shrewsbury High School  
64 Holden Street  
Shrewsbury, MA 01545  
Phone 508-841-8800 – Fax 508-841-8858

Parker Road Preschool  
15 Parker Road  
Shrewsbury, MA 01545  
Phone 508-841-8646 – Fax 508-841-8787

Oak Middle School  
45 Oak Street  
Shrewsbury, MA 01545  
Phone 508-841-1200 – Fax 508-841-1223

My signature is consent for release of records and/or verbal exchange.

Please send the student's records at your earliest convenience (including):

Attendance records, Health records, Transcript information, Student grades, Standardized test scores, Special Education Educational Plan and Assessments, Discipline records, and State Assigned Student Identification Number (SASID, if applicable).

Name and complete address of **school student is transferring from:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Records request mailed on: \_\_\_\_\_ Requested by: \_\_\_\_\_