

# 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  
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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:

- |   |  |
|---|--|
| <input type="checkbox"/> Beal Early Childhood Center<br>1 Maple Avenue<br>Shrewsbury, MA 01545<br>Phone 508-841-8860 – Fax 508-841-8862 | <input type="checkbox"/> Sherwood Middle School<br>30 Sherwood Avenue<br>Shrewsbury, MA 01545<br>Phone 508-841-8670 – Fax 508-841-8671 |
| <input type="checkbox"/> Calvin Coolidge School<br>1 Florence Street<br>Shrewsbury, MA 01545<br>Phone 508-841-8880 – Fax 508-841-8883   | <input type="checkbox"/> Walter J Paton School<br>58 Grafton Street<br>Shrewsbury, MA 01545<br>Phone 508-841-8626 – Fax 508-841-8627   |
| <input type="checkbox"/> Floral Street School<br>57 Floral Street<br>Shrewsbury, MA 01545<br>Phone 508-841-8720 – Fax 508-841-8721      | <input type="checkbox"/> Spring Street School<br>123 Spring Street<br>Shrewsbury, MA 01545<br>Phone 508-841-8700 – Fax 508-841-8701    |
| <input type="checkbox"/> Shrewsbury High School<br>64 Holden Street<br>Shrewsbury, MA 01545<br>Phone 508-841-8800 – Fax 508-841-8858    | <input type="checkbox"/> Parker Road Preschool<br>15 Parker Road<br>Shrewsbury, MA 01545<br>Phone 508-841-8646 – Fax 508-841-8787      |
| <input type="checkbox"/> Oak Middle School<br>45 Oak Street<br>Shrewsbury, MA 01545<br>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: \_\_\_\_\_