

MARTHA'S VINEYARD PUBLIC SCHOOLS

Excellence and Equity For All Children

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RECORDS RELEASE REQUEST

_____ LAST NAME	_____ FIRST NAME	_____ M.I.	_____ GRADE	_____ DATE OF BIRTH	SS# _____ SOCIAL SECURITY NUMBER
_____ ADDRESS			_____ CITY	_____ STATE	_____ ZIP
_____ PARENT/GUARDIAN				_____ TELEPHONE #	

SCHOOL-LEAVING

SCHOOL/AGENCY RELEASING INFORMATION

Phone No. _____

Fax No. _____

E-Mail address: _____

TYPE OF MATERIAL:

- Standard Education Record
- Copy of Birth Certificate
- Immunization Records
- Certificate of Hearing, Vision, and Dental
- Copy of Social Security Card
- Discipline / Attendance
- Programs/Services: Gifted, ESOL, SST
- Medical Record

SCHOOL-ENTERING

SCHOOL/AGENCY REQUESTING INFORMATION

Phone No. _____

Fax No. _____

E-Mail address: _____

I hereby authorize the Martha's Vineyard Public School System to **RELEASE** **OBTAIN** pertinent information concerning the above-named student for **EDUCATIONAL PLANNING** **MEDICAL TREATMENT** or (please specify) _____

- My child receives special education services
- My child does not receive special education services

Authorizing Signature

Date

Date Records REQUESTED: _____

Date Records RECEIVED: _____