

MARTHA'S VINEYARD PUBLIC SCHOOLS

4 PINE STREET, VINEYARD HAVEN, MA 02568 · 508.693.2007 FAX: 508.693.3190 WEB: HTTP:// WWW.MVYPS.ORG

RICHARD M. SMITH, ED.D.
SUPERINTENDENT

Excellence and Equity For All Children

HOPE T. MACLEOD, M.ED., BCBA
DIRECTOR OF STUDENT SUPPORT SERVICES

RECORDS RELEASE REQUEST

_____ <i>LAST NAME</i>	_____ <i>FIRST NAME</i>	_____ <i>M.I.</i>	_____ <i>GRADE</i>	_____ <i>DATE OF BIRTH</i>
_____ <i>ADDRESS</i>		_____ <i>CITY</i>	_____ <i>STATE</i>	_____ <i>ZIP</i>
_____ <i>PARENT/GUARDIAN</i>			_____ <i>TELEPHONE #</i>	

SCHOOL-LEAVING

SCHOOL-ENTERING

SCHOOL/AGENCY RELEASING INFORMATION

SCHOOL/AGENCY REQUESTING INFORMATION

Phone No. _____

Phone No. _____

Fax No. _____

Fax No. _____

E-Mail address: _____

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

- Special Education Record
- Psychological Report
- Eligibility/IEP
- Placement Records
- Other _____
- Other _____
- Other _____
- Other _____

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

Parent/Guardian Forwarding Address: _____ Telephone No. _____

Date Records REQUESTED: _____

Date Records RECEIVED: _____