

# MARTHA'S VINEYARD PUBLIC SCHOOLS

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

**MATTHEW T. D'ANDREA, LP.D.**  
SUPERINTENDENT

*Excellence and Equity For All Children*

**HOPE T. MACLEOD, M.ED., BCBA**  
DIRECTOR OF STUDENT SUPPORT SERVICES  
(SECONDARY)

**RICHARD M. SMITH, ED.D.**  
ASSISTANT SUPERINTENDENT

**NANCY W. DUGAN, M.ED., BCBA**  
DIRECTOR OF STUDENT SUPPORT SERVICES  
(ELEMENTARY)

## RECORDS RELEASE REQUEST

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

*SCHOOL-LEAVING*

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**SCHOOL/AGENCY RELEASING INFORMATION**

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*SCHOOL-ENTERING*

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**SCHOOL/AGENCY REQUESTING INFORMATION**

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*Phone No.* \_\_\_\_\_

*Fax No.* \_\_\_\_\_

*E-Mail address:* \_\_\_\_\_

*Phone No.* \_\_\_\_\_

*Fax No.* \_\_\_\_\_

*E-Mail address:* \_\_\_\_\_

**TYPE OF MATERIAL:**

- |   |   |
|---|---|
| <input type="checkbox"/> Standard Education Record                  | <input type="checkbox"/> Special Education Record |
| <input type="checkbox"/> Copy of Birth Certificate                  | <input type="checkbox"/> Psychological Report     |
| <input type="checkbox"/> Immunization Records                       | <input type="checkbox"/> Eligibility/IEP          |
| <input type="checkbox"/> Certificate of Hearing, Vision, and Dental | <input type="checkbox"/> Placement Records        |
| <input type="checkbox"/> Copy of Social Security Card               | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Discipline / Attendance                    | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Programs/Services: Gifted, ESOL, SST       | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Medical Record                             | <input type="checkbox"/> 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: \_\_\_\_\_