



Memorial Elementary School
31 West Main Street
Newton, NH 03858

Telephone: (603) 382-5251

Fax: (603) 382-1466

PERMISSION TO RELEASE RECORDS

Student Name: -----

Grade: ----

Date of Birth: -----

New Address: -----

Current Phone: -----

School Last Attended:

Name of School: -----

Address: -----

Phone: -----

Fax: -----

Records to be Released:

- Education Records
- Psychological Records
- Health Records
- Special Education Records
- 504 or Title One Records

I hereby give my permission for the release of my student's records as specified above to Memorial School. Please mail records to the address above.

Signature of Parent/Guardian

Date

Relationship: -----