

OXFORD PUBLIC SCHOOLS CONSENT TO RELEASE RECORDS

<i>Student's Name</i>	<i>Phone</i>	<i>Grade</i>
<i>Address</i>	<i>City/Town</i>	<i>State/Zip Code</i>

State legislation requires schools to obtain permission from parents, guardians, of students under the age of 14, or eligible students before any records can be released to an outside agency, school system, or college.

In compliance with this regulation, I authorize school personnel to release the following information to the OXFORD PUBLIC SCHOOLS:

- Attendance Records
- Academic Records – Transcript
- Birth Certificate
- Discipline Records (MGL Ch. 71 Sec. 37L)
- Grades to date (if between marking periods)
- Immunization Record/Health Record
- Special Education Records – IEP, Evaluations, Reports
- Transfer Card
- Standardized test results – MCAS
- 504 Plan
- ELL Records

*It is mandatory that we receive this information in order for your child to start school.

The Oxford Public Schools requires proof of **CUSTODY**, if applicable, as well as proof of **RESIDENCY**, **OCCUPANCY**, and **IDENTIFICATION**.

Please provide the information for the school your child last attended.

<i>School</i>	<i>Phone</i>	<i>Fax</i>
<i>Address</i>	<i>City/Town</i>	<i>State/Zip Code</i>



Signature Parent/Guardian _____

Date _____

Please forward all documents and records to the DATA COORDINATOR

at
→

Oxford Public Schools
4 Maple Road
Oxford, MA 01540
Phone: 508-987-6050
Fax: 508-987-6054

or
→

School: _____
Phone: _____
Fax: _____