



**NORTH MIDDLESEX REGIONAL HIGH SCHOOL  
COUNSELING DEPARTMENT**

19 Main Street  
Townsend, MA 01469  
Ph: 978-597-8196 • Fax: 978-597-3180

---

**OFFICIAL RELEASE OF RECORDS REQUEST**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

The above named student is in the process of enrolling at North Middlesex Regional High School. Our records indicate that the last school this student attended was:

School Name: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Will you release the following information to us concerning this student. An early reply will be appreciated.

- Complete academic transcript including current course grades if date of transfer falls within a marking term.
- Complete academic transcript from any previous school.
- SASID #
- Standardized Test Results **including MCAS results**
- IEP or 504 information
- Attendance record
- Discipline record
- Health record (**proof of immunizations must be received before student may begin classes**)
- Completed MIAA Form 100, if applicable
- Other pertinent information

I hereby authorized North Middlesex Regional High School to request all records pertaining to the above named student.

---

Signature of Parent or Guardian

Date

**For office use only: Release faxed / mailed**

**Date:**

**Initials:**