



Elizabeth C. Giacobbe
Superintendent

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

STUDENT'S NAME

DATE OF BIRTH

Enrolling in Grade

Enrollment Date

The above student has enrolled in the Beverly City School District. Please provide the following information to complete the student's registration records as soon as possible:

- Transfer Card
 - Health Records
 - Recent Test Scores
 - Current Report Card
 - Transcript of Academic Records (including grades to date of withdrawal)
 - Special Service Records
 - Discipline Records
 - Other Cumulative Folder Items
-

Previous School: _____

Address: _____ Phone No. _____

I HEREBY GIVE PERMISSION FOR RELEASE OF THE ABOVE RECORDS.

Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student 18 or Older: _____

The information in this document is private and confidential and intended only for the person(s) named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or any other use of the information is strictly prohibited.