Consent for Student Record Release

St. John the Baptist School Phone 413-583-8550

Today's Date: _____

Please send records for the student listed below to:

School Name: _____

Name: _____

last first middle

Grade _____ Gender _____ DOB _____

The student has an IEP or 504 plan? (Please Check) ☐ Yes ☐ No

If YES has ben marked, all Special Education records, including IEP/504 and most recent evaluations are included with documentation listed below.

Included Documents

- ☐ Student Schedule (most recent)
- ☐ MCAS Scores
- ☐ Attendance Records
- ☐ Active Court Orders
- ☐ Official transcripts/most recent report card(s)
- ☐ Demographic Info
- ☐ Discipline Records

For additional information or requests, please email sjboffice@sjbludlow.org

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date of Withdrawal from St. John the Baptist: _____