



**Nantucket Public Schools**  
**10 Surfside Road**  
**Nantucket, MA 02554**  
**508-228-7285 (P)**  
**508-325-5318 (F)**

**Records Release Request Form**

I the undersigned, authorize \_\_\_\_\_  
 (name of former school)

\_\_\_\_\_  
 (Address and fax number)

To release to the Nantucket Public Schools all pertinent information in the temporary and permanent records of:

Student Name: \_\_\_\_\_

MA SASID: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

<b>All Students</b>	<b>Present &amp; Former ELL</b>	<b>Students with Disabilities</b>
Transcripts/Report Cards MCAS or PARCC test scores Medical/Health Records Attendance Records Full Discipline Records	Home Language Survey WAPT/Screeners ACCESS or state EL test Reclassification forms FEL monitoring forms Opt-out monitoring forms	All Special Education Records: Sent <b>directly</b> to Becky Earle: Fax: 508-825-2062 or <a href="mailto:earleb@npsk.org">earleb@npsk.org</a>

*I understand this information will be treated as confidential.*

**Parent/Guardian Information**

\_\_\_\_\_  
 Parent/Guardian Name

\_\_\_\_\_  
 Relationship to Student

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

Date Release faxed/mailed: \_\_\_\_\_

Date Records received: \_\_\_\_\_