

Harvard Public Schools
39 Massachusetts Avenue
Harvard, Massachusetts 01451

PERMISSION TO RELEASE OR SECURE STUDENT RECORDS

I hereby grant permission for the Harvard Public Schools to:

Release to: _____

Or _____

Secure from: _____

Copies of the records of: _____
Name of Student (DOB)

Grade: _____

The accessible portions of the record are specified below

_____ Official administrative records (name, address, birth date, grade level completed,
grades, class standing, attendance record, disciplinary record)

_____ Standard Achievement Test Scores

_____ Intelligence and Aptitude Tests Scores

_____ Personality and Interest Test Scores

_____ Teacher and Counselor Observations and Ratings

_____ Record of Extracurricular Activities

_____ Family Background Data

_____ TEAM Evaluation Assessments and Individualized Educational Plan

_____ Health Records

_____ All Data Listed Above

Other (Specify): _____

Date

Signature of Parent or Guardian

Signature of Student (age 18 or older)