

PERMISSION TO RELEASE OR SECURE STUDENT RECORDS

Bromfield School
14 Massachusetts Avenue
Harvard, MA 01451

Hildreth Elementary School
27 Massachusetts Avenue
Harvard, MA 01451

I hereby grant permission for the Bromfield School or Hildreth Elementary 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 Test 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 of Guardian

Signature of Student (age 18 or older)