Manchester City Schools
Student Records Release Authorization Form

School _____ **Address** _____

Date _____

RE: _____
(***Student's Name)*** ***(Date of Birth)*** ***(Grade Level)***

Dear: _____

The above named student has enrolled in the Manchester City School System. Please forward to us, as soon as possible, complete school records for this student including academic, health, **special education,** and any other pertinent information which will assist us in providing a quality education program.

Thank you,

Records release authorization (to be signed by parent(s) of dependent student or by eligible student over 18 years of age).

I request and authorize _____ to forward copies of the complete school records for this student including academic, health, **special education,** and any other pertinent information which will assist them in providing a quality education program.

_____
(Signature)

_____
(Date)

A copy will be filed in the principal's office

ISSUED 09/14/98