



# ERVING ELEMENTARY SCHOOL

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## **STUDENT RECORDS RELEASE/RECEIPT FORM**

(Student Records Regulations 7.4)

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Erving Elementary School is authorized to \_\_\_\_\_ Receive \_\_\_\_\_ Release the following:

- \_\_\_\_\_ SASID Number
- \_\_\_\_\_ Transcript of Academic Records
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ Test Scores
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Special Education Records
- \_\_\_\_\_ For Communication and Exchange of Information
- \_\_\_\_\_ Other \_\_\_\_\_

Transferring From/To:

\_\_\_\_\_  
(School)

\_\_\_\_\_  
(Social Agencies)

\_\_\_\_\_  
(Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_ (Parent/Guardian Signature) \_\_\_\_\_ (Date)