

CENTRAL MIDDLE SCHOOL
PO BOX 19
416 MAIN STREET
CORINTH, ME 04427
Telephone 207-285-3177

REQUEST FOR STUDENT RECORDS

PREVIOUS SCHOOL:

NAME _____
ADDRESS _____

PLEASE BE ADVISED THAT:

NAME OF STUDENT(S): _____ GRADE _____
_____ GRADE _____
_____ GRADE _____

has/have registered at the Central Middle School as of _____
(date)

Will you please forward the cumulative record(s), health record(s) and all their contents, and special education records (if applicable) for the above named student(s) to the address shown at the top of this request.

PARENT/GUARDIAN'S AUTHORIZATION TO RELEASE STUDENT(S) RECORD(S)

This is to certify that I request that the educational record(s) of my child/children whose name(s) appear above, be transferred as indicated. I further understand that I have received notification of this record transfer, that I may obtain a copy of the record(s) at my cost, and that I have the right to challenge the content of the record(s) and be provided an opportunity for a hearing.

Signature Parent/Guardian _____

Date _____