



Norwell Public Schools Request for Student Records

I, _____, am the parent or guardian of the below named student(s).

Name of Student _____ Current Grade _____

Previous School and Address _____

Name of Student _____ Current Grade _____

Previous School and Address _____

Name of Student _____ Current Grade _____

Previous School and Address _____

Name of Student _____ Current Grade _____

Previous School and Address _____

I hereby authorize the release of all academic records, including health, social emotional, IEP or 504, regarding the above listed child(ren) to be forwarded to:

Grace Farrar Cole Elementary School 81 High Street Norwell MA 02061 Attn: Joyce Tracey Phone: 781-659-8823 Fax: 781-659-2850	William Gould Vinal Elementary School 102 Old Oaken Bucket Road Norwell MA 02061 Attn: Diana DeCoste Phone: 781-659-8820 Fax: 781-659-8812
Norwell Middle School 328 Main Street Norwell MA 02061 Attn: Kara Pellicano Phone: 781-659-8814 Fax: 781-659-8822	Norwell High School 18 South Street Norwell MA 02061 Attn: Guidance Phone: 781-659-8806 Fax: 781-659-1824

(Signature of Parent/Guardian)

(Date)