



# 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: Rosa Millhollin Phone: 781-659-8814 Fax: 781-659-8822	Norwell High School 18 South Street Norwell MA 02061 Attn: Patricia Berglund Phone: 781-659-8806 Fax: 781-659-1824

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

\_\_\_\_\_  
(Date)