



Norwell High School

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AUTHORIZATION FOR THE WITHDRAWAL OF STUDENT AND RELEASE OF STUDENT RECORDS

I hereby give permission for Norwell High School to officially withdraw:

_____ Grade _____ DOB _____

Please release all student records to:

New School: _____

New School Address: _____

New School Email Address: _____

EFFECTIVE WITHDRAWAL DATE: _____

Custodial Parent / Guardian Signature

Date

New Student Address: _____
