



Samuel Fuller School
 6 Plympton Street
 Middleborough, MA 02346
www.samuelfullerschool.org
 508-947-3217

Student Name _____ Date of Birth _____

Entering Grade _____

I GIVE PERMISSION FOR SAMUEL FULLER SCHOOL TO RECEIVE COPIES OF THE RECORDS NOTED BELOW.

	PERMISSION GRANTED	PERMISSION DENIED	NOT APPLICABLE
Transcript Information (includes identifying information, course title, grades or equivalent, grade level completed, and attendance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standardized Testing or Individual Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Educational Plan (IEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline Records or Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All above records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Address of Sending School _____

