



# CANTON PUBLIC SCHOOLS

960 Washington Street, Canton, MA 02021

Telephone: 781-821-5060

Fax: 781-575-6500

www.cantonma.org



Derek F. Folan, M.Ed.

Superintendent of Schools

**To develop students who are competent and creative thinkers, curious and confident learners, and compassionate citizens.**

## **RELEASE OF INFORMATION FORM**

Revised 8/17/2018

### **I hereby authorize and give permission to release my accumulated school records to:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Canton High School<br>900 Washington Street<br>Canton, MA 02021<br>781-821-5050 Fax: 781-575-5052                | <input type="checkbox"/> William H. Galvin Middle School<br>55 Pecunit Street<br>Canton, MA 02021<br>781-821-5070 Fax: 781-575-6509     | <input type="checkbox"/> John F. Kennedy Elementary School<br>100 Dedham Street<br>Canton, MA 02021<br>781-821-5080 Fax: 781-575-6543  |
| <input type="checkbox"/> Lt. Peter M. Hansen Elementary School<br>25 Pecunit Street<br>Canton, MA 02021<br>781-821-5085 Fax: 781-575-6552 | <input type="checkbox"/> Dean S. Luce Elementary School<br>45 Independence Street<br>Canton, MA 02021<br>781-821-5075 Fax: 781-575-6528 | <input type="checkbox"/> Rodman Early Childhood Program<br>960 Washington Street<br>Canton, MA 02021<br>781-821-5060 Fax: 781-575-6500 |
| <input type="checkbox"/> Office of Student Services 960 Washington Street, Canton, MA 02021 781-821-5060 Fax: 781-821-5039                |   |  |

### **To share, transfer, and receive information/records regarding my child:**

Student's Name: _____	Student's DOB: _____
Student's Address: _____	Year of Graduation: _____
Student's City/State/Zip: _____	SSN (if applicable): _____

### **To and from the following third party/school:**

Name: _____	
Address: _____	Telephone #: _____
City/State/Zip: _____	Fax Number: _____

### **Information/Records to be released includes, but not limited to the following:**

Cumulative Records	Discipline Records
Transcript Information (includes identifying information, course titles, grades or their equivalent, and grade level completed)	Attendance Record
Teacher and Counselor Evaluations and Comments	Medical Records/Immunizations
Psychological Reports	Standardized Test Scores
Other _____	Special Education/IEP/504 Plan

\* Name of parent/guardian or student (please print) \_\_\_\_\_

Date \_\_\_\_\_

\*\*Signature of parent/guardian or student \_\_\_\_\_

Date \_\_\_\_\_

\*This form may be signed by a student or former student of fourteen years of age or older, or a student in the ninth grade or above, or a parent/guardian.

\*\*Chapter 71, Section 37L (as amended by Section 37 of Chapter 71 of the Acts of 1993) of the Massachusetts General Laws. A student transferring into a local system must provide the new school with a complete school record of the entering student. Said record shall include, but not limited to any incidents involving suspension or violation of criminal acts, or any incident reports in which such student was charged with any suspended act.

\*\*\*Release is good for 1 year only. Release can only be used for intended purpose.

*The Canton Public Schools does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, disability or homelessness.  
Equal Opportunity Employer (EOE)*