

STUDENT REGISTRATION

RECORDS RELEASE

AUTHORIZATION FOR RELEASING/OBTAINING STUDENT RECORDS

I, _____, am the parent/legal guardian of the below-named student. I hereby authorize the release of all academic records including official transcripts, testing results, discipline, health, special education, English learner records, and any other information regarding my child to/from Ashland Public Schools. I further give permission to Ashland Public Schools to speak to my child's former/new teachers, principal, school counselor and other school staff as needed.

Parent or Guardian Signature

Date

Student Name: _____

Date of Birth: _____

Current Address: _____

Previous or New School Name: _____

Grade Level: _____

School Address: _____

City, State, and Zip Code: _____

Phone Number: _____

Fax Number: _____

FOR SCHOOL USE ONLY

School records must be requested from or submitted to:

School	Address	Fax	Email
📍 Ashland High School	65 E. Union St.	508-881-0186	Jessica Blank jblank@ashland.k12.ma.us
📍 Ashland Middle School	87 W. Union St.	508-881-0169	Christine Watt cwatt@ashland.k12.ma.us
📍 David Mindess School	90 Concord St.	508-881-0153	Jamie Giles jgiles@ashland.k12.ma.us
📍 Henry E. Warren Elementary School	73 Fruit St.	508-881-0191	Girija Phatak gphatak@ashland.k12.ma.us
📍 William Pittaway School	75 Central St.	508-881-0148	Donna Lowell dlowell@ashland.k12.ma.us

Special education records must be requested from or submitted to:

Colleen Brewer	508-881-0152	87 West Union Street, Ashland, MA. 01721	cbrewer@ashland.k12.ma.us
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