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St. Rose School

CHELSEA, MA

Request for Releasing and/or Obtaining Records

Today's Date _____

Name of student: _____ Grade: _____ Date of birth: _____

Please send the following information at your earliest convenience:

- Academic record (previous report cards, transcript of grades, etc.)
- Health record (physical and mental, if applicable)
- Standardized test scores
- CORE evaluation, including IEP and all assessments

Parental Authorization

I, the parent/guardian of the child above, do hereby authorize the release of all information concerning my child.

Signature of Parent/Guardian: _____

Current School Information

Name: _____ Telephone Number: _____

Address: _____
Street City State Zip

New School Information

Name: _____ Telephone Number: _____

Address: _____
Street City State Zip