



Epping High School
Guidance Department
21 Academy St
Epping NH 03042
603.679.5472 x217
603.679.2966 (f)
www.sau14.org



PERMISSION TO RELEASE RECORDS

'I GIVE PERMISSION TO EPPING HIGH SCHOOL TO RELEASE AND SEND THE EDUCATIONAL, MEDICAL AND SPECIAL EDUCATION RECORDS OF _____ TO THE SCHOOL LISTED BELOW.'

PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

____/____/____
DATE

Student Name: _____
DOB: ____/____/____ Grade: _____

New School Name: _____
Address: _____

Phone #: _____._____._____
Fax #: _____._____._____

Does your student currently have an IEP? __Y__N
Is your student currently on a 504 Plan? __Y__N

New Address: _____
Phone #: _____._____._____