EPPING MIDDLE HIGH SCHOOL ~ **PERMISSION TO RELEASE RECORDS**

33 PRESCOTT RD ~ EPPING NH 03042 ~ WWW.SAU14.ORG ~ 603.679.2544 ~ 603.679.8118 (F)

STUDENT NAME: _____

Date of birth: _____/_____/_____ Grade Level: _____

Parent/Guardian name *(print)*: _____

Does your student have an: IEP _____ or 504 _____

Last day attending EMHS? _____/_____/_____

'I give permission to Epping Middle High School to release and send the educational, medical and special educations records of my student listed above to the school/organization listed below'

_____ _____/_____/_____

Parent/Guardian Signature ***Date***

PARENT/GUARDIAN Name: (print)_____

PARENT/GUARDIAN Phone/Email _____

STUDENT New Address _____

PLEASE FILL IN COMPLETELY

SEND RECORDS TO:

School/Organization name: _____

Address or Email: _____

Phone and Fax #'s: _____-_____-_____(office) _____-_____-_____(fax)

Attn to *(if necessary)*: _____

FOR OFFICE USE ONLY - ***If you have any questions, please reach out to the person listed below***

RECORDS REQUESTED BY: _____

EMAIL/PHONE NUMBER: _____ AND ____-____-_____ extension_____