

RECORDS RELEASE AUTHORIZATION FORM

Lempster Community School

29 School Road

Lempster, NH. 03605

Ralph Peterson

Principal

Tel. no. (603) 863-1080

Fax no. (603) 782-2830

Tara MacIntyre

Administrative Assistant

Entering Grade: _____

Student Name:

Date of Birth:

Name of Previous School Attended (if applicable):

Mailing Address of Previous School:

Town/City:

State:

Zip Code

School's Telephone Number:

School's Fax Number:

I hereby give permission to forward the following information regarding my child:

_____ Administrative Records

_____ Health Records

_____ Supplementary Records

* Special Education

* Title I

* Any other information relevant for placement

Name of Child's Physician:

Physician's Telephone Number:

Physician's Address:

Town/City:

State:

Zip Code:

STUDENT ADDRESS INFORMATION

Location of Residence

House/Apt. #:

Road:

Town:

Mailing Address

Address/PO Box:

Town/City:

State, Zip Code:

Signature of Parent/Guardian: _____

(my signature confirms the request for the release of my child's academic and medical records to the agents listed above)

FOR SCHOOL OFFICE USE ONLY

Date Registered: _____

Start Date: _____

Date Records Requested: _____

Please forward all records to:

Lempster Community School

29 School Road

Lempster, NH. 03605