



Authorization for Release of Records

Student's Name	
Date of Birth	Grade
Previous School Name	
Previous School Address/City/State/Zip	
Previous School Telephone	Previous School Fax
Student's Previous Guidance Counselor	Guidance Counselor Telephone

The above named student is enrolled in the Greenfield Commonwealth Virtual School. Please send the following records/information to the address indicated below.

- | | |
|---|--|
| <ul style="list-style-type: none"> Official transcript of grades Massachusetts SASID (if applicable) Previous State test results Achievement & Ability test results Complete health records Key to your grading system (High School only) Withdrawn date | <ul style="list-style-type: none"> Withdrawn grades Disciplinary records Attendance records Individual Education Plan (if applicable) 504 plan (if applicable) English proficiency test results Other pertinent information |
|---|--|

Parent/Guardian Signature

Date

Send records to the address below:
Greenfield Commonwealth Virtual School
278 Main Street, Suite 205
Greenfield, MA 01301

Note: Under Federal Law 99.31, schools may disclose a student's records without parental/guardian consent to other schools to which a student is transferring.

 GCVS Representative's Signature

 Date