



## Authorization to Obtain Information and Records

The following student is/will be enrolled at Clark School as of: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

### Previous School & Mailing Address

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following records are requested:

- Grades for all completed terms or semesters. Explanation of grading system. Marks for the latest unfinished term, if applicable
- Transcript Information (listing all subjects and final grades)
- Copy of 766 Educational Plan and Materials, 504 Plans (if applicable)
- Attendance Record and Discipline Record
- Health Record, Physical Exam Record and Immunizations (Health Care Plan, if applicable)
- All Core Evaluations, Diagnostic, Achievement and Standardized Testing, MCAS Test Results

I hereby authorize the release of all information requested by Clark School and give Clark School permission to obtain the information.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date

Please send the requested information to:

B. Russell  
Clark School  
14 Forest Ridge Drive  
Rowley, MA 01969

or as a pdf to: [clarkschool@clarkschool.com](mailto:clarkschool@clarkschool.com)