

Admission Office Form

Release of Records



Name of Student \_\_\_\_\_

Date \_\_\_\_\_

Current School \_\_\_\_\_

I give my permission for the transfer of copies of my child's records to Greenfield Center School. The record should include copies of the following:

1. Transcripts of grades or evaluations.
2. Results of all standardized tests.
3. Individual Education Plan, if applicable.
4. Other information maintained in student's permanent record.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Send requested information to:

Admissions Office  
Greenfield Center School  
71 Montague City Road  
Greenfield, MA 01301  
(V) 413-773-1700 ext.2  
(F) 413-774-1135  
[www.centerschool.net](http://www.centerschool.net)  
[admissions@centerschool.net](mailto:admissions@centerschool.net)