

NEW BOSTON CENTRAL SCHOOL
15 Central School Road
New Boston, NH 03070
Telephone 603-487-2211
Facsimile 603-487-2215

REQUEST FOR RECORDS

I hereby authorize that the following information concerning _____,
current grade level _____, be sent to New Boston Central School:

_____ Administration Records (contained in the cumulative record folder),

_____ Supplementary Records (special information such as results of psychological testing, planning and placement team reports, standardized test scores, IEP, and other specialized information),

_____ Medical Records (health and immunization reports)

Thank you.

Tori Underwood, Principal

* Signed _____ Date _____
(Parent or Guardian)

*Parental permission is no longer required when records are requested by authorized school personal. Family education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41 No 188, Pg. 24673.

PREVIOUS SCHOOL NAME _____

SCHOOL ADDRESS _____

Is there a second language spoken in the home: _____ Yes _____ No Initial _____
(If there is a second language, the parents were given a copy of the Home Language Survey.)

Is there a court order regarding this student: _____ Yes _____ No Initial _____

Is there a restraining order on any person regarding this student: _____ Yes _____ No Initial _____

Does your child have an Individual Education Plan (IEP) or a 504 Education Plan please (circle one)

IEP

504

NONE