

REQUEST FOR PUPIL RECORDS

Guidance Office
Greenville Schools
PO Box 100 130 Pritham Ave.
Greenville, ME 04441
Tel 207-695-2666
Fax 207-695-4614

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, FINAL RULE ON EDUCATIONAL RECORDS, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24674.)

To: _____

Re: _____

Grade: _____

Date: _____

Dear Sir/Madam:

Please forward to us the educational/health records of the above named student, who has enrolled in the Greenville Schools (Nickerson Elementary (k-5), Greenville Middle School (6-8), or Greenville High School (9-12)). If the student transferred before the completion of the school year, please indicate the date of withdrawal and include grades earned up to that date.

To facilitate a smooth transition, please fax (207-695-4614) as soon as possible, a copy of the student's transcript, immunization record and if applicable, a copy of the latest IEP including accommodations and **if a Maine resident, his/her MEDMS number.** Please include any other information which you feel should be known about this student.

Cordially,

David C. Morrill
Guidance Director

Parental Authorization

I have enrolled my child(ren) _____ in the Greenville Schools and authorize you to release school records to the Guidance Office at the above address.

Date: _____

Signature: _____