

TANTASQUA REGIONAL HIGH SCHOOL
319 Brookfield Road
Fiskdale, MA 01518
508-347-9301
Office of Student Counseling

Student's name: _____ Class of _____
(Please print)

SECTION 1:

According to amendments adopted by the Board of Education in June 1995, unless you or your parent/guardian decline, Tantasqua Regional High School may release the following general student information without prior consent:

Student's name, address, telephone, date & place of birth, major field of study, dates of attendance, weight & height of members of athletic teams, class, participation in officially recognized activities and sports, degrees, honors & awards, and post-high school plans

If you **DO NOT** authorize release of this information to third parties such as newspapers, please sign below.

Parent's/Guardian's name: _____
(Please print)

Parent's/Guardian's signature: _____ Date _____

SECTION 2:

Unlike general student information, consent for release of specific student transcript information **DOES**, however, require your prior written approval.

Parent's/Guardian's name: _____
(Please print)

Parent's/Guardian's signature: _____ Date _____

Please check the parties and parts of the transcript you authorize for release.

THIRD PARTIES: Colleges, Military, Employment, Other, specify: _____

PARTS TO BE RELEASED:

- Transcript information (includes identifying information, course titles, grades or their equivalent, and grade level completed)
- SAT and/or ACT scores
- Teacher and/or counselor evaluations and comments
- Attendance record
- Other (specify) _____