

TANTASQUA REGIONAL SENIOR HIGH SCHOOL
Office of Student Counseling
319 Brookfield Road
Fiskdale, MA 01518
Telephone: (508) 347-7161
Fax: (508) 347-7340

RELEASE/REQUEST FOR STUDENT RECORDS

Student Name: _____ **Year of Graduation:** _____

Student Signature: _____ **Date of Birth:** _____

Parent/Guardian Signature: _____ **Date:** _____

To **From** **Tantasqua Regional Senior High School**
Office of Student Counseling

To **From** _____
Name of school transferring from/to

Address and phone number

Records requested	Date Received (For office use only)
1) Official Transcript	
2) Current year's Courses and Grades at date of withdrawal	
3) Copy of Student's Schedule for current year	
4) Copy of either 8th grade or high school MCAS Scores - SASID Code	
5) Attendance Records	
6) Discipline Record	
7) Rank in Class/GPA (if available)	
8) Standardized Test Scores	
11) Health Records	
12) All evaluation materials and recommendations, including IEP, Section 504 Plan, and/or other Individual Accommodation Plans	
14) Two Forms of Identification for Proof of Residency in TRSD	
15) Proof of Guardianship	
16) Numeric to Letter Grade Conversion Chart	
17) Explanation of Grading System/Explanation of Course Difficulty	
18) Other	