

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 Transcripts/Grades	
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	
9) Health Records	
10) All evaluation materials, recommendations & testing, including IEP, Section 504 Plan, Chapter 766 reports, or other Individual Accommodation Plans	
11) Numeric to Letter Grade Conversion Chart	
12) Explanation of Grading System/Explanation of Course Difficulty	