

Student Authorization Release Form

I understand that under the provision of the Family Educational Rights and Privacy Act as amended, my records at Middlesex School will not be released to a third party without my approval. I hereby give permission to authorized personnel at Middlesex School to release and/or provide access to my academic records including transcript and grade reports to my Parent/Guardian as listed below:

Name of individual(s) to whom information may be released: (Please Print)

Name(s):

Name(s):

Name(s):

Additionally, I authorize Middlesex School to receive and exchange information with the professional evaluator listed below and to share any academic testing results and recommendations with the schools testing consultant, the faculty and other professionals working with me.

Professional Evaluator:

Evaluator's Telephone Number:

Please honor requests for my records by those individuals/ parties identified above.

I acknowledge by my signature that, although I am not required to release and/or provide access to my records to these individual(s), I am giving my consent to release and/or provide access to the information. I understand that this release remains in effect until such time as I choose to revoke this permission in writing. I also understand that if I am under 18 years old, Middlesex School can disclose such information to parents and legal guardians regardless of consent.

Student Name:

Student Signature: _____

Date:

Please revoke any existing Student Authorization Release Form on file at Middlesex School

Return to: Leanne Winkler, Registrar, Middlesex School, Academic Office, 1400 Lowell Road, Concord MA 01742