THE
WESTFIELD
SCHOOL

Consent to Release Information/Transcript

Student Name:_____Date:_____ DOB:_____

Parent/Guardian Name:_____Phone:_____

Home Address:

_____

I authorize Westfield School to release my information and transcript to, obtain information from, and communicate with:

Name:_____ Address:_____

Title:_____

Phone:_____ Fax:_____

Email: _____

Please indicate the information you would like released:

- ❍ Academic record, grades, and/or transcript.
- ❍ Verbal communications
- ❍ Other (Please specify):_____

I understand that all information is confidential and private. It cannot be released without the consent of the parent or legal guardian and student (unless information falls under the Mandated Reporter requirement).

Parent Signature:_____
Date:_____

**********Office Use Only**********

Received by school on:_____ School Official Signature:_____

Information sent on: _____