



575 Washington Street ■ Newton, MA 02458



dearborn
academy

a schools for children program

781.641.5992 *tel*
781.641.5997 *fax*

STUDENT RECORDS REQUEST

Name of student: _____

If applicable, name(s) of student when enrolled at Dearborn

Academy: _____

Name of person making records request: _____

Role of person making records request, if not student*: _____

Dates enrolled at Dearborn Academy: _____

Date of birth: _____

*If someone other than the student is making the request, documentation of the relationship and permission from the student may be requested.

I hereby grant permission for staff at Dearborn Academy to share the following parts of _____'s student record with the following:

Name & Title of

Person: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Parts of student record to be shared:

___ Report cards/Transcripts generated by Dearborn Academy

___ MCAS scores

___ Incident reports generated by Dearborn Academy

___ Assessment results from evaluations completed by Dearborn Academy staff

___ Other, including**: _____

**Dearborn Academy will not release any reports or parts of the student record that were provided by another school or agency.

Signed: _____

Date: _____