

ROLAND GREEN PRESCHOOL
29 DEAN STREET, MANSFIELD, MA 02048
RELEASE FORM

Student Name: _____

Date: _____

Forward records/copies communication to:

These are original records

Receive records/copies/verbal communication from:

I wish to review my child's file

General Information Regarding Students Records:

1. Please note that if the forwarding of these records is accompanied by the student's withdrawal, the following will apply:
 - a. Under section 24D, Chapter 71, pertaining to the Regulations Governing Student Records It is understood:
 - i. "The temporary record of any student enrolled on or after the effective date (February 25, 1975) shall be destroyed five (5) years after the student transfers, graduates, or withdraws from the school system.
 - ii. This written notice informs the undersigned that the temporary record will be destroyed after five (5) years and is duly notified that anything contained therein must be viewed or copied before the end of that five (5) year period.
2. That I have the right to examine all records relating to my child that are maintained by the school system regardless of physical form or location.
3. That I have the right to examine these records within two consecutive weekdays of the date of this request, unless I consent to a delay.
4. That I have a right to receive a copy of all or part of my child's records and that I may be charged a fee not greater than the cost of duplication.
5. That I have the right to have the records interpreted by a qualified professional employee of the school or by any other person of my choice, if I so request.
6. That I have the right to request the deletion or amendment of my child's records and that I may add written statements to the records.

Comments/Restrictions:

Parent/Student Guardian Signature:

Date: _____

Processed By: _____

Date: _____