



ATHOL ROYALSTON REGIONAL SCHOOL DISTRICT

CONSENT FOR RELEASE OF RECORDS

Date: _____ Grade: _____

STUDENT NAME: _____ DOB: _____

TRANSFERRING FROM: School Name: _____

Address: _____ City/State/Zip: _____

Phone#: _____ Fax#: _____

ALL RECORDS INCLUDING BUT NOT LIMITED TO:

Transcript information, SASID #, Attendance, Grades to Date, Discipline, Teacher/Counselor Evaluations, Health Records, MCAS Scores, Current Report Card, Current Special Educational Plan, and Special Education Testing.

Please send records to school circled below:

Athol High School
2363 Main Street
Athol, MA 01331
Tel 978-249-2435
Fax 978-249-7217

Athol Royalston Middle School
1062 Pleasant Street
Athol, MA 01331
978-249-2430
978-249-0055

Pleasant Street School
1060 Pleasant Street
Athol, MA 01331
978-249-2405
978-249-7212

Riverbend School
174 Riverbend Street
Athol, MA 01331
Tel 978-249-2415
Fax 978-249-2428

Royalston Community School
96 Winchendon Rd
Royalston, MA 01368
978-249-2900
978-249-4110

Sanders Street School
314 Sanders Street
Athol, MA 01331
978-249-2410
978-249-7213

Please send all special education records to:

Special Education Office
2363 Main Street
Athol, MA 01331

Tel 978-249-2403
Fax 978-249-7210

Parent/Guardian Signature: _____

Print Name: _____

Relationship to Student: _____ Date: _____