



RELEASE OF RECORDS

This form must be completed, signed and returned along with your other Registration Documentation

Please select the school your child is transferring to, this will be where the departing school needs to mail all records:

Golden Brook School (K - 4)

112B Lowell Road
Windham, NH 03087
Phone: (603)845-1552
Fax: (603)845-1553

Windham Middle School (7 - 8)

112A Lowell Road
Windham, NH 03087
Phone: (603)845-1556
Fax: (603)845-1557

Windham Center School (5 - 6)

2 Lowell Road
Windham, NH 03087
Phone: (603)845-1554
Fax: (603)845-1555

Windham High School (9 - 12)

64 London Bridge Road
Windham, NH 03087
Phone: (603)845-1558
Fax: (603)845-1571

TODAY'S DATE

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

DATE OF BIRTH

The school your child is transferring from:

SCHOOL NAME

PHONE:

STREET ADDRESS

FAX:

CITY

STATE

ZIP CODE

Please accept this form as permission to forward the **entire** education and health records of the above-named student; including but not limited to the following:

- Academic (including an **Official Transcript for Grades 9-12**)
- Recent Report Card for Grades 5-8 for scheduling purposes
- Attendance History
- Discipline
- Health
- Psychological (if applicable)
- Special Education evaluation and programming (if applicable)
- Active 504 Plan (if applicable)
- State testing results

Parent/Guardian Signature: _____

Date: _____