

# RECORDS RELEASE FORM

I hereby authorize:

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Name of School

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Address

City

State

Zip

To release all of my school records including courses and grades, test results, written evaluations, attendance records, health records and educational plans to:

Cohasset Middle High School  
Guidance Department  
143 Pond Street  
Cohasset, MA 02025  
FAX: 781-383-6556

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Name of Student (Please print)

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Date

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Student Signature

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Grade

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Parent Signature

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Year of Graduation