

MARTHA'S VINEYARD PUBLIC SCHOOLS

4 PINE STREET, VINEYARD HAVEN, MA 02568 · 508.693.2007 FAX: 508.693.3190 WEB: HTTP:// WWW.MVYPS.ORG

MATTHEW T. D'ANDREA, LP.D.
SUPERINTENDENT

Excellence and Equity For All Children

HOPE T. MACLEOD, M.ED., BCBA
DIRECTOR OF STUDENT SUPPORT SERVICES
(SECONDARY)

RICHARD M. SMITH, ED.D.
ASSISTANT SUPERINTENDENT

NANCY W. DUGAN, M.ED., BCBA
DIRECTOR OF STUDENT SUPPORT SERVICES
(ELEMENTARY)

RECORDS RELEASE REQUEST

LAST NAME	FIRST NAME	M.I.	GRADE	DATE OF BIRTH	SS# SOCIAL SECURITY NUMBER
ADDRESS				CITY	STATE ZIP
PARENT/GUARDIAN					TELEPHONE #

SCHOOL-LEAVING

SCHOOL/AGENCY RELEASING INFORMATION

Phone No. _____

Fax No. _____

E-Mail address: _____

TYPE OF MATERIAL:

- Standard Education Record
- Copy of Birth Certificate
- Immunization Records
- Certificate of Hearing, Vision, and Dental
- Copy of Social Security Card
- Discipline / Attendance
- Programs/Services: Gifted, ESOL, SST
- Medical Record

SCHOOL-ENTERING

SCHOOL/AGENCY REQUESTING INFORMATION

Edgartown School

Attn: Pamela J Alwardt

35 Robinson Road

Edgartown MA 02539

Phone No. 508-627-3316

Fax No. 508-627-7983

E-Mail address: palwardt@mvyps.org

- Special Education Record
- Psychological Report
- Eligibility/IEP
- Placement Records
- Other _____
- Other _____
- Other _____
- Other _____

I hereby authorize the Martha's Vineyard Public School System to RELEASE OBTAIN pertinent information concerning the above-named student for EDUCATIONAL PLANNING MEDICAL TREATMENT or (please specify) _____

My child receives special education services My child does not receive special education services

Authorizing Signature _____ Date _____

Parent/Guardian Forwarding Address: _____ Telephone No. _____

Date Records REQUESTED: _____ Date Records RECEIVED: _____

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SOLICITAÇÃO DE LIBERAÇÃO DE REGISTRO

_____	_____	_____	_____	_____	SS# _____
<i>SOBRENOME</i>	<i>NOME</i>	<i>NOME DO MEIO</i>	<i>SÉRIE</i>	<i>DATA DE NASCIMENTO</i>	<i>NÚMERO DO SEGURO SOCIAL</i>
_____	_____	_____	_____	_____	_____
<i>ENDEREÇO</i>	<i>CIDADE</i>	<i>ESTADO</i>	<i>CEP</i>		
_____	_____	_____	_____		
<i>PAI/MÃE/RESPONSÁVEL</i>					<i>NÚMERO DE TELEFONE</i>

ESCOLA DA QUAL ESTÁ SE DESVINCULANDO

ESCOLA NA QUAL ESTÁ INGRESSANDO

ESCOLA/AGÊNCIA LIBERANDO A INFORMAÇÃO

ESCOLA/AGÊNCIA SOLICITANDO A INFORMAÇÃO

Edgartown School
Attn: Pamela J. Alwardt
35 Robinson Road
Edgartown MA 02539

No. do telefone _____

No. do telefone 508-627-3316

No. do fax _____

No. do fax 508-627-7983

E-Mail: _____

E-Mail: palwardt@mvyps.org

TIPO DE MATERIAL:

- Registro educacional padrão
- Cópia do certificado de nascimento
- Registros de imunização
- Certificado de audição, visão e dentário
- Cópia do cartão de seguro social
- Disciplina / Frequência
- Programas/Serviços: *Gifted, ESOL, SST*
- Registro médico

- Registro educacional especial
- Relatório psicológico
- Qualificação/IEP
- Registro de colocação
- Outro _____
- Outro _____
- Outro _____
- Outro _____

Por meio desta, autorizo o *Martha's Vineyard Public School System A* LIBERAR OBTER informação pertinente ao aluno mencionado acima com o propósito de PLANEJAMENTO EDUCACIONAL TRATAMENTO MÉDICO ou (favor especificar) -

Meu filho recebe serviços de educação especial

Meu filho não recebe serviços de educação especial

Assinatura da pessoa que autoriza _____

Data _____

Endereço posterior do pai/mãe/responsável: _____ No. de telefone: _____

Data da solicitação dos registros: _____

Data de recebimento dos registros: _____