



THE PUBLIC SCHOOLS OF BROOKLINE BROOKLINE, MASSACHUSETTS 02445

REQUEST FOR STUDENT RECORDS

I, _____, am the parent or guardian of the below named student(s).
Parent/Guardian Name (Please Print)

I hereby authorize the release of all academic records including official transcripts, testing results, discipline, health, Special Education, and any other information regarding my child to the Public Schools of Brookline. I further give permission to the Public Schools of Brookline to speak to my child's former teachers, principal, guidance counselor, and other school staff as needed.

Signature of Parent or Guardian _____ Date _____

Name of Student(s) _____ Date(s) of Birth / /

Previous School Information:

School Name _____

School Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Public Schools of Brookline Office Use Only: Please leave this part blank

<input type="checkbox"/> Baker School 205 Beverly Rd. Chestnut Hill, MA 02467 Ph: 617.879.4500 Fax: 617.879.4505	<input type="checkbox"/> Coolidge Corner School 345 Harvard St. Brookline, MA 02446 Ph: 617.879.4400 Fax: 617.383.6004	<input type="checkbox"/> Driscoll School 64 Westbourne Ter. Brookline, MA 02446 Ph: 617.879.4250 Fax: 617.739.7502	<input type="checkbox"/> Heath School 100 Eliot St. Chestnut Hill, MA 02467 Ph: 617.879.4570 Fax: 617.739.7570	<input type="checkbox"/> Lawrence School 27 Francis St. Brookline, MA 02446 Ph: 617.879.4300 Fax: 617.879.4390	<input type="checkbox"/> Lincoln School 19 Kennard Rd. Brookline, MA 02445 Ph: 617.879.4600 Fax: 617.739.7505
<input type="checkbox"/> Pierce School 50 School St. Brookline, MA 02446 Ph: 617.730.2580 Fax: 617.264.6468	<input type="checkbox"/> Runkle School 50 Druce St. Brookline, MA 02445 Ph: 617.879.4650 Fax: 617.739.7675	<input type="checkbox"/> Brookline High School 115 Greenough St. Brookline, MA 02445 Ph: 617.713.5000 Fax: 617.713.5005	<input type="checkbox"/> Brookline Early Education Program (BEEP) 2 Clark Rd Brookline, MA 02445 Ph: 617.713.5471 Fax: 617.264.6494	<input type="checkbox"/> Registration and Enrollment 333 Washington St. 4th Floor Brookline, MA 02445 Ph: 617.264.6492 Fax: 617.264.6494	