



## PARENTAL AUTHORIZATION TO RELEASE STUDENT RECORDS

As parent/guardian of the following student, my signature below authorizes /Innovation Academy Charter School to release the school records\* of:

\_\_\_\_\_  
(STUDENT NAME - **PLEASE PRINT**)

\_\_\_\_\_  
(CURRENT GRADE)

- I am **withdrawing** my child from the Innovation Academy Charter School. His/her last day of enrollment will be \_\_\_\_\_. (and/or last day of school) Send records to the address below.
- I am requesting that a **copy** of my child's school records be sent to the address below.

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### SEND RECORDS TO:

\_\_\_\_\_  
(SCHOOL/ORGANIZATION NAME)

ATTENTION: \_\_\_\_\_

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
PARENT/GUARDIAN NAME - **PLEASE PRINT** PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\*The school records will include all assessments, transcripts, the cumulative folder, health records, standardized test results, attendance records, Chapter 766 or P.L. 94-142 material (if student was

**\*72 Tyng Road\***  
**649-0432\***

**\* Tyngsboro, MA 01879\***

**\* 978-**

evaluated), Individualized Educational Plan (IEP), if applicable, Section 504 Student Accommodation Plan, if applicable, and any additional information in our possession that might be of assistance.

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**\* 978-**