

# MARTHA'S VINEYARD PUBLIC SCHOOLS

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

**RICHARD M. SMITH, ED.D.**  
SUPERINTENDENT

*Excellence and Equity For All Children*

**HOPE T. MACLEOD, M.ED., BCBA**  
DIRECTOR OF STUDENT SUPPORT SERVICES

## RECORDS RELEASE REQUEST

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

SCHOOL-LEAVING

**SCHOOL/AGENCY RELEASING INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

E-Mail address: \_\_\_\_\_

SCHOOL-ENTERING

**SCHOOL/AGENCY REQUESTING INFORMATION**

Tisbury School

Attention: Esther Teves

40 West William St; PO Box 878

Vineyard Haven, MA 02568

Phone No. 508-696-6500

Fax No. 508-338-2909

E-Mail address: eteves@mvyps.org

**TYPE OF MATERIAL:**

- |                                                                     |                                                   |
|---------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Standard Education Record                  | <input type="checkbox"/> Special Education Record |
| <input type="checkbox"/> Copy of Birth Certificate                  | <input type="checkbox"/> Psychological Report     |
| <input type="checkbox"/> Immunization Records                       | <input type="checkbox"/> Eligibility/IEP          |
| <input type="checkbox"/> Certificate of Hearing, Vision, and Dental | <input type="checkbox"/> Placement Records        |
| <input type="checkbox"/> Copy of Social Security Card               | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Discipline / Attendance                    | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Programs/Services: Gifted, ESOL, SST       | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Medical Record                             | <input type="checkbox"/> 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: \_\_\_\_\_