



DANVERS PUBLIC SCHOOLS REQUEST FOR RECORDS

In accordance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232G: 34 CFR §99.31) allowing schools to which a student is transferring to obtain a student's education record without parental consent, please provide the student record for

Student Name: _____ **Date of Birth:** _____

Grade: _____ **Year of Graduation:** _____

The above named student has transferred (or is transferring) from your school to the
_____ **Danvers High School**

64 Cabot Road, Danvers MA 01923 Fax 978-777-8931

_____ **Holten-Richmond Middle School**

55 Conant Street, Danvers, MA 01923 Fax 978-762-8686

_____ **Great Oak Elementary School**

76 Pickering Street, Danvers MA 01923 Fax 978-777-1471

_____ **Highlands Elementary School**

190 Hobart Street, Danvers, MA 01923 Fax 978-777-5821

_____ **Riverside Elementary School**

95 Liberty Street, Danvers, MA 01923 Fax 978-774-7850

_____ **Smith Elementary School**

15 Lobao Drive, Danvers, MA 01923 Fax 978-774-1351

_____ **Thorpe Elementary School**

Avon Road, Danvers, MA 01923 Fax 978-739-4417

Please provide the following records as applicable:

- Grades for all completed terms or semesters. Explanation of grading system and marks for the latest unfinished term
- Attendance and Discipline records
- Transcript information (listing all subjects and grades)
- Health record, Physical exam record and Immunizations. Health Care Plan, if applicable
- Copy of 766 Educational Plan and Materials, 504 Plan
- All core evaluations, diagnostic , achievement and standardized testing , MCAS Test results, if applicable.
- MA transfer card
- Birth Certificate

PLEASE NOTE THIS STUDENT MAY NOT BEGIN CLASSES UNTIL HEALTH AND IMMUNIZATION RECORDS HAVE BEEN RECEIVED.

Requested by: _____, **Title:** _____

Contact phone number: _____

10/23/15