

**Woodsville Elementary School
206 Central Street
Woodsville, NH 03785**

PH: 603-747-3363 Fax: 603-747-3247

Jim Ross, Principal
Sheila Brill, Admin Assistant

Tom Goss, Guidance
Heidi Fulford, Nurse

REQUEST FOR RELEASE OF STUDENT RECORDS

_____ will be enrolling at Woodsville Elementary School. Please forward copies of Educational records, standardized test results, Special Education records and health records. Any additional information, which may guide us in the proper placement of this student, would also be appreciated. In the interim of transition, it may be necessary that the Woodsville Elementary School contact you by phone while waiting for the records to be sent. Thank you for your cooperation in this matter.

I hereby authorize the release of information and transfer of all actual records for:

Student's Name: _____

Previous Address: _____

Date of Birth: _____ Entering grade: _____

Request to be sent to (name of last school attended)

Records to be sent to:

Sheila Brill
Woodsville Elementary School
206 Central Street
Woodsville, NH 03785
sbrill@sau23.org

I understand such information will be handled with strict confidentiality.

Parent / Guardian Signature

Date