

**Needham Public Schools**  
1330 Highland Avenue, Needham MA 02492  
Tel. 781-455-0400 \* Fax 781-455-0417  
[www.needham.k12.ma.us](http://www.needham.k12.ma.us)

Daniel Gutekanst, Ed.D.  
Superintendent of Schools

Mary Lammi  
Assistant Superintendent  
for Student Support Services

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***Authorization to Release Student Records***

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I authorize \_\_\_\_\_ School/District, to release the following special education records to Needham Public Schools.

**Evaluation Reports**  
**Individualized Education Program documents (IEPs)**

**Progress Reports**

**Other special education records**

\_\_\_\_\_ I also authorize Needham Public Schools special education staff to speak with staff from my student's previous school. (Check off for authorization)

**Please send/or fax the student's records at your earliest convenience to:**  
**Cynthia Jaime – Special Education Program Assistant**  
**Needham High School**  
**609 Webster Street**  
**Needham, MA 02494**  
**FAX # 781-455-0408**

Name of contact person or school district student is attending/transferring from:

Contact Person: \_\_\_\_\_

School/District Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian Date

Records request mailed on: \_\_\_\_\_ Requested by: \_\_\_\_\_