



BOSTON PUBLIC SCHOOLS – CONSENT FOR DISSEMINATION OF STUDENT RECORD

Name (When Attending School) Date of Birth

School Name Year of Graduation (if applicable) OR last year in school

Please list any other schools and dates of attendance:

School name/dates

School name/dates

Phone number you can be reached at Email Address

Current Home address

City State Zip Code

Records Sent to Third Party (if the transcript is to be sent to a school or employer)

Name/Address

City State Zip Code

Telephone Fax Number Email Address

I give permission for the above mentioned third party to inspect or secure a copy of my student record.

Signature of former student Date