

# Transcripts and Records Release Form

## Samuel Fuller School

6 Plympton Street  
Middleborough, MA 02346



### To be completed by Applicant's Parent/Guardian:

I authorize \_\_\_\_\_ (current school) to release to Samuel Fuller School the information requested for \_\_\_\_\_ (student's name) \_\_\_\_\_ (DOB).

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

### To Applicant's Current School:

The above named student is applying to **Samuel Fuller School**. Please complete this form and send it along with copies of the items listed below to our school office. These records will be kept in the student's file should he or she enroll at Samuel Fuller School. Please mail completed form and documents to: 6 Plympton Street, Middleboro, MA 02346

If you have questions, contact the school office at [info@samuelfullerschool.org](mailto:info@samuelfullerschool.org) or 508-947-3217.

### Documents Needed:

- Transcript or Academic Record
- Standardized Testing Results
- Discipline Record or Statement
- Health and Immunization Forms
- Individual Education Plan (if applicable)

Please let us know whom we should contact if we have any questions about this report.

- Name and Title: \_\_\_\_\_
- Phone number or email: \_\_\_\_\_