

Waitsfield Elementary School  
3951 Main Street  
Waitsfield, Vermont 05673  
Telephone: 802-496-3643

**AUTHORIZATION FOR RELEASE OF PUPIL RECORDS**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send all school records for my child/children including test results, health records, transcripts, and any information regarding special services (learning disabilities, psychological, speech and language) to the following address:

Waitsfield Elementary School  
3951 Main Street  
Waitsfield, Vermont 05673

Does the student have an electronic file in DocuSped? If so, please send the transfer file to Angela Young at 340 Mad River Park, Suite 7, Waitsfield, VT 05673 (if sending a CD) and /or email the secure file to [ayoung@wwsu.org](mailto:ayoung@wwsu.org).

Student Data:

_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth

I hereby authorize the release of all academic, health, psychological, special education and testing records on my child/children to the above listed school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date