

NATICK HIGH SCHOOL
15 WEST STREET NATICK, MA 01760
Telephone (508) 647-6612 ♦ Fax (508)651-7145

STUDENT WITHDRAWAL & RECORDS/TRANSCRIPT RELEASE

Date: _____

Student's Name _____

Current Address _____

Date of Birth _____ Year of Graduation _____

THE ABOVE STUDENT IS WITHDRAWING FROM NATICK HIGH SCHOOL AS OF _____
DATE

REASON

STUDENT SIGNATURE

PLEASE PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE
(REQUIRED IF STUDENT IS UNDER 16 YEARS OF AGE)

I have returned my Natick Public Schools issued laptop and all of its accessories to the Technology Department @ NHS. (Laptop & accessories MUST be returned before submitting your withdrawal form to the Guidance Department).

TECHNOLOGY DEPARTMENT SIGNATURE

STUDENT SIGNATURE

I request that records or transcripts of the above named person be released to:

Name of Office _____

Institution _____

Street Address _____

City, State, Zip Code _____

I hereby authorize release of the information checked below:

_____ Academic Transcript

_____ SASID (Mass. State ID#)

_____ Test Scores

_____ MCAS Scores

_____ Health Records

_____ Special Education Records

_____ Discipline Records

_____ ICAP

_____ Attendance Records

_____ Therapeutic Conversations

PARENT/GUARDIAN SIGNATURE
(REQUIRED IF STUDENT IS UNDER 14 YEARS of AGE)

STUDENT SIGNATURE