

Boston Public Schools Student Support Services
443 Warren Street, Dorchester MA 02121
617-635-8030; Fax: 617-635-8033

CONSENT FOR DISSEMINATION OF STUDENT RECORD

For Myself

I request to inspect or secure a copy of my student transcript. (If for a third party, such as a school or employer, you should confirm that it will accept personal copies. Often the third party requires we send the copy directly to it.)

For Third Party

I give permission for the following third party to inspect or secure a copy of my student transcript (please give the full name and address and we will send it directly to them):

Name

Address

Fax

Phone

Name when attending school

Date of birth

Graduated or not?

School Name

Last Year in School

Address

City

State

Zip Code

Telephone

FAX

Email Address

Signature of Former Student

Date