

# Hudson Public Schools

155 Apsley Street  
Hudson, Massachusetts 01749



Office of Superintendent of Schools

Tel: 978-567-6100  
Fax: 978-567-6103  
www.hudson.k12.ma.us

## Release for Confidential School Records

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Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name of Last School Attended \_\_\_\_\_

School Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize the above named Last School Attended to release any and all student records to the Hudson Public Schools.

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

\_\_\_\_\_  
Date