

**AMHERST SCHOOL DISTRICT**

**CLARK-WILKINS SCHOOL  
AMHERST, NEW HAMPSHIRE**

**AUTHORIZATION TO RELEASE STUDENT RECORDS**

Date \_\_\_\_\_

**TO:** \_\_\_\_\_  
**Releasing Principal**  
\_\_\_\_\_  
**School**  
\_\_\_\_\_  
\_\_\_\_\_  
**Address**

The following pupil(s) recently enrolled in the Clark-Wilkins Elementary School:

- 1) \_\_\_\_\_  

<b>Student's Name</b>	<b>Birthdate</b>	<b>Current Grade</b>
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- 2) \_\_\_\_\_  

<b>Student's Name</b>	<b>Birthdate</b>	<b>Current Grade</b>
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- 3) \_\_\_\_\_  

<b>Student's Name</b>	<b>Birthdate</b>	<b>Current Grade</b>
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Kindly forward complete records including scholastic, health, attendance, confidential records, special education records, evaluations, and psychological reports to: (Please check appropriate box)

**Kathy Johnson**  
**Wilkins School**  
**80 Boston Post Road**  
**P.O. Box 420**  
**Amherst, New Hampshire 03031**  
*603-673-4411 phone*  
*603-67-.0968 fax*

**Teresa April**  
**Clark School**  
**14 Foundry Street**  
**P.O. Box 420**  
**Amherst, New Hampshire 03031**  
*603-673-4411 phone*  
*603-672-0968 fax*



**PARENT AUTHORIZATION**

I have enrolled my child(ren) \_\_\_\_\_  
In the Clark-Wilkins Elementary School and authorize you to release school records to the Guidance Office at the above address.

\_\_\_\_\_  
Date

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