

<u>Main Office</u> 260 Cottage Street Suite A Littleton, NH 03561 Phone: (603) 444-1535 Classroom: (603) 444-1671 Fax: (603) 444-9843 Lancaster Site 4 Mayberry Lane Lancaster, NH 03584 Phone: (603) 788-2805 Fax: (603) 788-2729

## 2024 - 2025 School Year RELEASE OF INFORMATION FORM

Name of Student:		
Date of Birth:		
Parent / Guardian Name:		
Mailing Address:		
Residence Address (if different):		
Information Requested:		
XTranscripts of courses, grades	X	Standardized Test Results
_ X Health Records	X	Psychological Evaluation
_ X Attendance/Infraction	X	Individual Educational Programs (IEP)
X_ 504 Plan		Other (specify)
**************************************	Guardian of	**************************************
North Country Charter Academy.		
Date: Signature of Parent / G	uardian / Stud	lent (if 18 or over)
Please send the records to:		

Kim Spaulding, Administrative Assistant / Registar kspaulding@nccharteracademy.org or Fax: 603-444-9843

• Parental permission is no longer required when records are requested by authorized personnel. (see Family Education Rights and Privacy Act 34 CFR § 99.31). Reasonable attempt shall be made to notify parents of the transfer of records.

(Revised 6/3/24)