

**TO BE PUT ON SCHOOL LETTERHEAD
TO BE TRANSLATED INTO STUDENT'S HOME LANGUAGE**

DATE: _____

Dear Student and Parents/Guardians/Caregivers:

The Massachusetts Student Record Regulations requires that the temporary record of a student be destroyed within a specified period of time after the student withdraws, transfers or graduates from the school district. The temporary record consists of all information in the student record which is not contained in the transcript but which is of importance to the educational process, such as standardized test results, class rank, extracurricular activities, and evaluations by teachers, counselors and other school staff. This notice is to inform you and your parents/guardians/caregivers that the approximate date for the destruction of your temporary record is _____.

You have the right at any time prior to the scheduled date of destruction of the temporary record to receive the information contained in the temporary record, in whole or in part. If you wish to obtain the information contained in the temporary record, please contact _____ at _____ either by telephone at 617-349-_____ or by sending a written request to _____ at _____.

Please also be advised that Massachusetts Student Record Regulations require that the transcript of a student be destroyed sixty (60) years after the student withdraws, transfers or graduates from the school district. The transcript consists of the administrative records that constitute the minimum data necessary to reflect the student's educational progress and to operate the educational system, including name, address and phone number of the student; birthdate; name, address and phone number of the parent/guardian/caregiver; course titles, grades or the equivalent when grades are not applicable; course credit, grade level completed and the year completed. This notice is to inform you and your parents/guardians/caregivers that the approximate date for the destruction of your transcript is _____. You have the right at any time prior to the scheduled date of destruction of the transcript to receive a copy of the transcript. If you wish to obtain a copy of the transcript, please contact _____ at _____ either by telephone at 617-349-_____ or by sending a written request to _____ at _____.

Sincerely,