



**CAMBRIDGE
PUBLIC SCHOOLS**

135 BERKSHIRE STREET, CAMBRIDGE, MASSACHUSETTS 02141

Release of Student Records

Date: _____

TO: Office of Student Services
Cambridge Public Schools
135 Berkshire Street
Cambridge, MA 02141

This signed consent form authorizes CPS to release copies of the records of:

Name of Student: _____

Date of Birth: _____

Address: _____

To: _____

Parent/Guardian Signature: _____

Documents Include:

