



Student Registration Center

Cambridge Rindge & Latin School
459 Broadway • Cambridge, MA • 02138
Tel. 617.349.6551 • Fax. 617.349.6552
SRC@CPSD.US • http://www.cpsd.us

Date: _____

I, hereby authorize the officials of the _____
Name of Student's Former School

Former School Address

Former School Telephone Number

Former School Fax Number

Former School Email Address

To release the following information on my child:

Full Name of Student

Date of Birth (MM/DD/YYYY)

Grade

- _____ Cumulative Academic Record (Including Standardized Test Results)
- _____ Psychological Records
- _____ Health Records
- _____ Special Education/IEP Information
- _____ Discipline Records
- _____ MA Transfer/School Discharge Slip

Please scan & email, fax, or mail the above requested information to the following:

Linh O, Director of Registration & Enrollment
Cambridge Public Schools
Family Resource Center
459 Broadway
Cambridge, MA 02138

Email to: WELCOME@CPSD.US
FAX to: 617-349-6552

Student's New Address:

Signature of Parent/Guardian