

Lexington High School
Guidance Office
Student Records
251 Waltham Street
Lexington, MA 02421
Fax# 781-861-2421

Date: _____

I hereby give permission for Lexington High School to receive all records, academic, health and special education pertaining to:

_____.

Please mail these records to the above address. If student is coming from a town/city within **Massachusetts** please include their **SASID** number and if applicable their **MCAS** results from sophomore year.

Parent/Guardian Signature _____

Name of Former School

Street Address

City/Town State & Zip Code

Fax Number