

Lexington High School
Guidance Office
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
- MCAS Scores
- Special Education
- Discipline Record
- Other Standardized Test Scores

Pertaining to: _____
(Name of student)

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 **9th /10th grade**.

Parent/Guardian Signature _____

Name of Former School

Street Address

City/Town State& Zip Code

Fax Number

Email