

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

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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 9<sup>th</sup> /10<sup>th</sup> grade.**

Parent/Guardian Signature \_\_\_\_\_

\_\_\_\_\_  
Name of Former School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town State& Zip Code

\_\_\_\_\_  
Fax Number