

**SOUTH ELEMENTARY SCHOOL  
171 ASH STREET  
STOUGHTON, MASSACHUSETTS 02072  
Telephone 781-344-7004  
Fax # 781-344-2876**

To Whom It May Concern:

The student named below has enrolled at the South Elementary School. Would you please forward the transfer card, health records, academic records, test results, and any other information that will aid us in making the proper placement.

Your prompt attention to this request would be greatly appreciated.

Sincerely,  
Maureen Mulvey  
Principal

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I hereby authorize the \_\_\_\_\_  
School Name and Address

to release information to the Stoughton Public Schools regarding

_____ Child's Name	_____ Grade
_____ Parent/Guardian Signature	_____ Date
_____ Address	_____ Phone