



The Village School of North Bennington
9 School St. // P.O. Box 847
North Bennington, VT 05257
(Tel.) 802-442-5955
(Fax.) 802-447-2397
info@vsnb.org
www.vsnb.org

Request for Transfer of Records

Please transfer our records from: _____

Telephone: _____ Fax: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

My signature below gives consent for you to release all available student records, including academic, health, psychological, and special education records, as well as third-party reports pertaining to the above listed student(s) to the Village School of North Bennington as soon as possible. We understand that the information will be used for educational purposes and will be treated as confidential information in accordance with applicable federal and state law.

Parent/Guardian Signature

Date: _____