

REQUEST FOR STUDENT RECORDS

STUDENT INFORMATION

DATE OF REQUEST _____

STUDENTS LAST NAME FIRST NAME MIDDLE NAME/INITIAL CURRENT GRADE

DATE OF BIRTH PLACE OF BIRTH -CITY STATE

CURRENT ADDRESS - STREET NUMBER AND NAME CITY STATE ZIP

PARENT/GUARDIAN INFORMATION

LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

CURRENT ADDRESS - STREET NUMBER AND NAME CITY STATE ZIP

HOME PHONE

LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

CURRENT ADDRESS - STREET NUMBER AND NAME CITY STATE ZIP

HOME PHONE

I/WE HEREBY REQUEST THAT CUMULATIVE ACADEMIC AND HEALTH RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN OF THIS STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THE INFORMATION.

SIGNATURE SIGNATURE

THE RECORDS REQUESTED INCLUDE THE FOLLOWING:

- CUMULATIVE RECORDS OF GRADES AND ATTENDANCE
- STANDARDIZED TEST SCORES
- SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIVE ACCOMMODATIONS
- HEALTH RECORDS

RECORDS REQUESTED FROM

SCHOOL NAME TELEPHONE

ADDRESS CITY STATE ZIP

SEND REQUEST TO

SCHOOL NAME TELEPHONE

ADDRESS CITY STATE ZIP

NOTE: ONLY COPIES OF ORIGINAL RECORDS SENT BY MAIL FROM THE SCHOOL WILL BE ACCEPTED.