

REQUEST FOR STUDENT RECORDS

STUDENT INFORMATION

DATE OF REQUEST: _____

STUDENT LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____ CURRENT GRADE _____
DATE OF BIRTH _____ PLACE OF BIRTH - CITY _____ STATE _____
CURRENT ADDRESS - NUMBER AND STREET NAME _____ CITY _____ STATE _____ ZIP _____

PARENT / GUARDIAN INFORMATION

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____
CURRENT ADDRESS - NUMBER AND STREET NAME _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____
LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____
CURRENT ADDRESS - NUMBER AND STREET 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/WE CERTIFY THAT AS PARENT/LEGAL GUARDIAN OF THIS STUDENT, I/WE HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION.

SIGNATURE _____

SIGNATURE _____

THE RECORDS REQUESTED INCLUDE THE FOLLOWING:

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

RECORDS REQUESTED FROM :

SCHOOL NAME _____ TELEPHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

SEND RECORDS TO :

SCHOOL NAME _____ TELEPHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

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