

*Request for Student Records*

**STUDENT INFORMATION**

DATE OF REQUEST \_\_\_\_\_

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

**PARENT / LEGAL GUARDIAN INFORMATION (SEE NOTE)**

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 RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN AND/OR STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION. NOTE: THE AUTHORIZATION OF BOTH THE PARENT/GUARDIAN AND THE STUDENT ARE REQUIRED FOR A CURRENTLY ENROLLED STUDENT WHO IS 18 YEARS OLD OR OLDER. A PERSON WHO IS 18 YEARS OLD OR OLDER AND NO LONGER ATTENDING THE SCHOOL HAS THE SOLE RIGHT TO AUTHORIZE RELEASE OF RECORDS.

_____ SIGNATURE	_____ SIGNATURE
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**THE RECORDS REQUESTED INCLUDE THE FOLLOWING:**

- CUMULATIVE RECORD OF GRADES, ATTENDANCE, AND STANDARDIZED TEST SCORES
- SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIONS FOR ADJUSTMENTS
- IMMUNIZATION RECORD, VISION AND HEARING SCREENING, AND SPECIAL HEALTH CARE NEED INFORMATION

**RECORDS REQUESTED FROM:**

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

**SEND RECORDS TO:**

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

THE SCHOOL, FOLLOWING ITS ESTABLISHED POLICY, MAY WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION.