

## RECORDS REQUEST

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

School phone # ( ) \_\_\_\_\_ (ext) \_\_\_\_\_ fax ( ) \_\_\_\_\_

*According to the Education Amendments of 1974, "Protection of the Rights and Privacy of Parents and Students", Section 438, Subsection (B) (1), Parts A & B, page 97; school officials, may receive a student's records without a written consent for such release.*

While I understand that education records may be sent without written consent, I also request that psychological, special education and other pertinent information be sent.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date

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*Office use only*

Please forward a copy of the **official/un-official** records, including the following:

- Transcript     Official     Un-official
- Withdrawal grades (if appropriate)
- AIMS Test Results
- AZ AZELLA Results
- Other records related to academic achievement and testing
- Birth Certificate
- Health records (including immunization record)
- Record of major discipline referrals
- Attendance record

**Special Education Records if applicable (IEP, met report, Psycho-ed report and eligibility statement)**

<i>For Office Use Only</i>		<i>Comments:</i>	
Date Requested: Fax _____	Phone _____		
2 <sup>nd</sup> Request: Fax _____	Phone _____		
3 <sup>rd</sup> Request: Fax _____	Phone _____		
<b>Date Received</b> _____	<i>Un-Official</i>	<b>Staff</b> _____	<b>SPED Received</b> _____
<b>Date Received</b> _____	<i>Official</i>	<b>Staff</b> _____	

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