

WESTWIND COMMUNITY SCHOOLS
2045 W. Northern Avenue
Phoenix, Arizona 85021
Phone 602-864-7731
Fax 602-864-7720
www.westwindacademy.org

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

 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 nd Request: Fax _____	Phone _____		
3 rd Request: Fax _____	Phone _____		
Date Received _____	<i>Un-Official</i>	Staff _____	SPED Received _____
Date Received	<i>Official</i>	Staff	