



## RELEASE FOR ACADEMIC RECORDS

LAST SCHOOL ATTENDED: \_\_\_\_\_

Fax # \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Student(s) Name

Birth date

Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Permanent Records
- Behavioral Records
- Immunization/Health Records
- Special Education Records

*I hereby request and permit the release and forwarding of all student records indicated above. I understand my right to review these records.*

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Administrative Assistant