



OUTH | DRYDEN | WESTGATE | WINDSOR | THOMAS | GREENBRIER | IVY HILL | OLIVE | PATTO

REQUEST TO RELEASE STUDENT RECORDS

TO:

District Name: _____

School Name: _____

Email: _____

Address: _____

City, St, Zip: _____

Phone: _____

Fax: _____

Attention Records Custodian:

The following student recently enrolled into our District:

First Name: _____

Last Name: _____

Date of Birth: _____

M or F: _____

We are officially requesting the permanent records, temporary records, health records, english language records and any pertinent school information be sent within five (5) business days.

If this student has an active Individualized Education Program (IEP) for education services, please send a copy of the current IEP immediately.

School Year (grade level) for requested records: _____

Please send complete student records to:

Parent/Guardian signature