



**REQUEST FOR SCHOOL RECORDS**  
PLEASE PRINT YOUR SCHOOL NAME AND ADDRESS BELOW



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PLEASE PRINT YOUR SCHOOL NAME AND ADDRESS BELOW

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_

I authorize:

Name of previous school/agency \_\_\_\_\_

School/agency Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

To provide \_\_\_\_\_ with the records

And information listed below:

**CUMULATIVE RECORD INFORMATION TO INCLUDE:**

\_\_\_ ATTENDANCE INFORMATION

\_\_\_ REPORT CARD GRADES (must include current grades)

\_\_\_ HIGH SCHOOL TRANSCRIPT (including grades/credits earned with grading key)

\_\_\_ STANDARDIZED TEST SCORES

\_\_\_ DISCIPLINE RECORDS

\_\_\_ COPY OF BIRTH CERTIFICATE, PHYSICAL & IMMUNIZATION RECORDS

\_\_\_ VISION & HEARING SCREENINGS

**SPECIAL EDUCATION RECORDS TO INCLUDE:**

\_\_\_ PSYCHOLOGICAL REPORT (Most recent)

\_\_\_ INDIVIDUALIZED EDUCATION PLAN (IEP)

\_\_\_ RECORDS OF OBSERVATION

\_\_\_ SPEECH RECORDS

\_\_\_ ENGLISH TO SPEAKERS OF OTHER LANGUAGES

\_\_\_ OTHER \_\_\_\_\_

If any of the above information is only available from another department or office, please forward this request to the appropriate authority.

Date received: \_\_\_\_\_

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

WHITE COPY – PREVIOUS SCHOOL

YELLOW COPY-RETAINED AT SCHOOL

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_

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School/agency Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

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