

Previous School Records Release Authorization

Please complete this form to authorize the release of student records from the previous school to the new school.

1. Student Information

Student Full Name:

Date of Birth (MM/DD/YYYY):

Grade Level at Time of Withdrawal:

2. Previous School Information (Sending School)

Previous School Name:

School Address (Street, City, State, Zip):

Phone Number:

Fax Number:

3. New School Information (Receiving School)

New School Name:

Attention / Department:

Mailing Address:

4. Records to be Released

Please type "YES" next to the records you authorize to be released:

Official Transcript / Report Cards:

Standardized Test Scores:

Immunization and Health Records:

Special Education Records (IEP / 504 Plan):

Discipline and Attendance Records:

5. Authorization and Consent

I hereby authorize the release of the educational records specified above for the student named in Section 1 to the receiving institution named in Section 3.

Parent / Guardian / Eligible Student Printed Name:

Relationship to Student:

Signature (For printed physical signature):

Date (MM/DD/YYYY):