



# REQUEST FOR STUDENT RECORDS

Please forward the complete cumulative folder (**including health and immunization records, psychological reports, speech, and IEP's**) for the following student(s) enrolling in our school.

Student Name	Birth Date	Grade
Student Name	Birth Date	Grade
Student Name	Birth Date	Grade

## NAME AND ADDRESS OF PREVIOUS SCHOOL

Previous School: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

## CONSENT TO RELEASE ALL STUDENT RECORDS TO:

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School \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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