



REQUEST FOR PERMANENT RECORDS

Date Student's Name Birth Date Grade

School Last Attended Address City State Zip

Phone Number Fax Number

In compliance with the Family Education Rights and Privacy Act of 1974, which requires consent for the release of certain information, I hereby give consent for you to release to the school listed below, the records and report I have indicated.

Please forward all records to our school, including academic, health, guidance, Special Education, and if applicable, attendance, discipline, and IEP.

The Federal Law 99.30 allows for education records to be sent to other educational agencies without the parental signature requirement.

- ☐ General Education Records
- ☐ Special Education Records
- ☐ Psychological Reports
- ☐ Alternative Language
- ☐ Records (ESL Services)

Please forward school records to:

School Address City State Zip

Phone Number Fax Number

Signature of Parent/Legal Guardian Date

Address City State Zip