



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.

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

Please forward school records to:

School _____

Address _____

City _____ State ____ Zip _____

Phone _____ Fax _____

Signature of Parent/legal guardian	Date
Address	City State Zip



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