

RECORDS RELEASE

2021-2022 Academic Year

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

The student listed below has enrolled in our school. Please send the cumulative academic records, including transcripts, special education, report cards, test data, guidance record, immunization and health records.

Last Name:	First Name:	M.I.:	Grade :	Date Of Birth:
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If the student left during the school year, please include marks, credits and grade level at time of leaving.

In the event that my student transfers to a different school, I authorize release of all his/her educational records electronically through facsimile transmission (FAX) or email. I understand and agree that should the records be inadvertently transmitted to an unauthorized recipient, through no fault of the sender, I hereby waive any claim against the sender and agree to hold the sender harmless from any and all responsibility for damages, if any, arising from the faulty transmission.

_____ I do not authorize release of records through facsimile transmission (FAX) or email.

_____ I understand and agree that this authorization, if granted, may be rescinded at any time by submitting a revised authorization form to the student's current school of attendance. The school will maintain the privacy of student education records pursuant to the provisions of the Family Educational Rights and Privacy Act (FERPA).

Your signature below authorizes the Electronic Transfer of Records for your student's cumulative academic records.

Printed name of student (first, last)

Signature of student Date

Printed name of parent/guardian (first, last)

Signature of Parent/Guardian Date