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| **Office Use Only** |
| Date Records Requested: |
| Date CUM Received: |

**Request for Student Records**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following student(s) have/has enrolled in our school as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please send the following student(s) cumulative, health, and confidential records to the school address marked above. Thank you!**

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| --- | --- | --- | --- |
| **Student(s) Name** | **Grade** | **Date of Birth** | **Special Instructions** |
|  |  |  | Please fax the following records immediately:  \_\_\_\_ Birth Certificate  \_\_\_\_ Immunization Record  \_\_\_\_ Grades  \_\_\_\_ Current IEP  \_\_\_\_ Other: |
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**The Federal Family Rights and Privacy Act of 1974 and California Law do not require the School forwarding pupil records to obtain parent permission to release the records.**