



# Release of Student Records

PHONE: 703.998.4170 FAX:703.998.5033

Date: ___/___/___
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Name and Address of Previous School:

\_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_

Fax #: \_\_\_\_\_

The following student has applied for admission to \_\_\_\_\_ School.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

Please forward (fax is allowed) the following information to my attention at the above address as soon as possible so that appropriate educational placement may be made.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>Academic Transcripts *</li> <li>Standardized Test Scores*</li> <li>Current Year Grades to Date*</li> <li>Attendance Information*</li> <li>Physical Examination</li> <li>Health and Immunization Records</li> <li>Physical Fitness Test Records</li> <li>Psychological/Educational Evaluations</li> <li>Custody Information/Court Decisions</li> </ul> | <ul style="list-style-type: none"> <li>Sociological Information</li> <li>IEP/504 Plan</li> <li>Child Study Referrals</li> <li>Speech and Language Evaluations</li> <li>Vision Screening Reports</li> <li>Special School/Center Information</li> <li>Discipline Record</li> <li>Screening and Eligibility Minutes</li> <li>Student Information Form completed by current teacher (attached)</li> </ul> |
|--|---|

Thank you for your cooperation.

Sincerely,

Valerie Garcia  
Principal

**Note: in accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release.**

I give permission to have the above records forwarded to the principal's attention at the above address.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date