



A K-6 SCIENCE TECHNOLOGY ENGINEERING & MATHEMATICS SCHOOL

Release of Records Form

Permission is hereby granted:

Previous School Name: _____

Address: _____

Phone number _____ Fax Number _____

Student Name: _____ Grade _____

Please release the following information:

- Academic Records
- Health Records
- Special Education
 - Evaluations
 - Assessments
- Discipline
- Any other material pertinent to the growth of the student

Hard copy of information is to be sent to the attention of :

(New School): _____

Address: _____

City, State, Zip _____

Authorization to release student's records:

I have enrolled my child _____ Date of Birth _____

In the _____ (new School) and authorize the previous school to release the above named information so that we may plan a program for this student that will ensure success.

Signature of Parent/Guardian _____ **Date** _____