



# Release of Records Request Form

*Att. Records Dept.*

**Student 1 Name:**

**Current Grade:**

**Birthdate:**

**Student 2 Name:**

**Current Grade:**

**Birthdate:**

**Student 3 Name:**

**Current Grade:**

**Birthdate:**

**Student 4 Name:**

**Current Grade:**

**Birthdate:**

**Teacher's Name:**

**I formally request a copy of my child's/children's following records:**

Report Card(s)/Grades

Immunization/Waiver

Entire Cumulative File

Other :

**Please provide copies via:**

Mail to:

Copy to:

Thank you for your assistance,

**Parent Name:**

**Parent Signature:**