



## STUDENT RECORD RELEASE

Date of Request: \_\_\_\_\_

School of Last Attendance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Records Clerk/Registrar:

The following student(s) have enrolled in our school on: \_\_\_\_\_

_____ Name	_____ Birth date	_____ Grade
_____ Name	_____ Birth date	_____ Grade
_____ Name	_____ Birth date	_____ Grade

I hereby authorize \_\_\_\_\_ to send the cumulative record which would include transcripts, attendance records, test results, health and immunization records, grades to date of withdrawal and other information that might assist in placement and guidance to:

Name of School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Print

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

Date sent: \_\_\_\_\_

Thank you,

\_\_\_\_\_, Principal.

