



Scottsville Elementary School Tigers
7868 Scottsville Road
Scottsville, VA 24590

Phone: (434) 974-8040 Fax: (434) 286-2442

Request for Student Records

I hereby give permission to _____
(School name and address last attended)

To transfer a copy of _____ school records to
(Student's Name)

SCOTTSVILLE ELEMENTARY SCHOOL
7868 Scottsville Road
Scottsville, VA 24590
Attention: Mrs. Sharon Ayres

Records and transcripts should include:

- Transcripts of grades and attendance reports
- Birth certificate/verification and Social Security Number (copy)
- Immunization records
- Physicals
- Psychological and Psychiatric Evaluations
- Educational Evaluations
- Social History
- Speech, Language and Hearing Evaluations
- Individual Education Plan (IEP)
- Eligibility Meeting Minutes (current)
- State Testing ID Number: _____
 - *Required for in-state transfers only*

Parent/Guardian Signature

Date of Request