



SAGE RIDGE SCHOOL

RECORDS RELEASE & REQUEST FORM

Name of Student: _____ Date of Birth: _____

Name of Former School: _____

Address of Former School: _____

FERPA (34CFR 99.31) allows schools to disclose education records to other schools to which a student is transferring.

Please send the following items to:

SAGE RIDGE SCHOOL
ATTN: ADMISSIONS
2515 CROSSBOW COURT
RENO, NV 89511
Phone: (775) 852 – 6222
Email: admissions@sageridge.org

- | | |
|--|--|
| <input type="checkbox"/> Unofficial Transcript | <input type="checkbox"/> Official Transcript |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Proof of Custody/Guardianship |
| <input type="checkbox"/> State Test Scores (SAT, ACT + Writing, ERB, EOC's for students transferring within Nevada) | |
| <input type="checkbox"/> Legal Documents, including documents that have been filed with a County, State, or Federal Court or Power of Attorney | |

Date of Request (1st): _____ Date of Request (2nd): _____

I hereby authorize the release of the information specified above to Sage Ridge School.

Signature of Parent or Guardian

Date