

Poquoson City Public Schools 500 City Hall Avenue Poquoson, Virginia 23662 Telephone: 757-868-3055

## STUDENT RECORDS REQUEST **FORM**

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

STUD	ENT	INFO	RM	<b>ላ</b> ጥፐ (	NC
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STUDENT INFORMATION  LAST NAME: F	ST: MIDDLE:		DATE OF BIRTH:	GRADE:
		1		
The student named above hat transcript for him/her include Student educational reference Grades earned to date Results of Standardize EIMS Number if comine Health records includie Psychological/Sociologe IEP and/or Child Stude Discipline Report(s) Any other important in	ing: ecords (Grades/Tr of withdrawal d Tests ag from a Virginia ang immunizations cical evaluations ies (if applicable)	ranscripts/Test sco Public School s and dates	ores/Attendance)	a complete
Send all records to:				
Poquoson Primary 19 Odd Road Poquoson, VA 236 (757) 868-4403 ATTN: Guidance D FAX: 757-868-684	1033 Poque (757) ATTN	Poquoson Elementary School 1033 Poquoson Avenue Poquoson, VA 23662 (757) 868-6921 ATTN: Guidance Department FAX: 757-868-8058		
Poquoson Middle 985 Poquoson Aver Poquoson, VA 236 (757) 868-6031 ATTN: Guidance D FAX: 757-868-422	51 Oo Poque (757) ATTN	Poquoson High School 51 Odd Road Poquoson, VA 23662 (757) 868-7123 ATTN: Guidance Department FAX: 757-868-3141		
Date of 1st request:	I	Date of 2 <sup>nd</sup> request:	:	
<b>RECORD RELEASE AU</b> .  I authorize release of my child's  Release Information From:	THORIZATION			olic Schools.
	ADDRESS:			
	CITY	CITY		ZIP CODE
	PHONE:		FAX:	

Parent or Legal Guardian Signature: