

Valley View Middle School

3347 Tapo Street, Simi Valley, CA 93063
Phone (805)520-6820 ♦ Fax (805)520-6157
Michael Hall, Principal



Authorization for the request for Student Records

To: _____

Date: _____

In accordance with the Family Education Rights and Privacy Act of 1974 and California State Law and Education Code, the above-named school is hereby requested to release all school records, including grades and health records, as well as medical, psychological, social, education and developmental information for the student named below:

Student Name: _____

Birthdate: _____ **Current Grade:** _____

Please mail or FAX the requested documents to Valley View Middle School at the above address, Attention: Registrar.

Parent Signature

Registrar Signature