



Date: _____

To: **ATTENTION REGISTRAR,** _____

From: Registrar, _____

Re: Request for records for a current or past student

Student name: _____

Date of birth: ___/___/___, has applied for a transfer to Mapleton Public Schools. In order to process this application, I am requesting the following information about the student:

- ATTENDANCE HISTORY:** Please fax a copy of this student’s attendance record for the last term attended.
- TRANSCRIPT HISTORY:** Please fax an official transcript of this student’s grades.
- DISCIPLINE HISTORY as well as the following question:**
 - o Is this student currently serving an expulsion or pending an expulsion hearing? YES NO
- IEP/SPECIAL EDUCATION STATUS:**
 - o Does this student have an IEP or receive special education services? YES NO
- CURRENT HEALTH RECORDS:**
 - o Immunization Records
 - o Health Care Plan or IHP (i.e., asthma, allergy, etc.) YES NO
 - o Vision and Hearing Referral records YES NO

Please FAX this form with the requested records to my office at (___) ___-_____

Thank you for your help. If you have any questions, please contact me at (___) ___-_____ during school office hours of ___ am to ___ pm.

Registrar Signature

Date

Parent/Guardian Signature

Date



School: _____
Address: _____
Phone: _____
Fax: _____

Parent/Guardian Authorization to Release School Records

I, _____ herby authorize the release of student records for
(Parent Name)

Student Name: _____
Last First Middle

Grade: _____ Date of Birth: _____

Please send the following:

- All Cumulative Records
- Attendance Records
- Report Cards
- Test Data
- Special Education
- Immunization Records
- Birth Certificate
- Health Care Plan
- Vision and Hearing Referral
- Discipline Records

Name of last school attended: _____

Address of last school attended: _____

Phone number of last school attended: _____

Parent/Guardian Signature: _____ Date: _____