



**REQUEST FOR STUDENT RECORDS**  
**Onslow County Schools**  
(Please submit one for each student)

1 <sup>st</sup> Request: _____
2 <sup>nd</sup> Request: _____

Name/Address/Fax# of Last School of Attendance:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

\_\_\_\_\_  
School Main Phone

\_\_\_\_\_  
School Fax

The student named below has presented for enrollment with Onslow County Schools. OCS is requesting current educational records, including the following: Exceptional Child Records (IEP/Behavior Plan, Psychological testing, etc.); Academically Gifted Records; 504 Plan; Standardized Testing Results; Immunizations & Physicals; Birth Certificate; Attendance; Behavior/Suspensions; Previous School Records; Custody Records, if applicable. Please do not send the entire student file. Copies only.

<u>Printed Legal Name of Student</u>	<u>Date of Birth</u>	<u>Grade for 2023/2024</u>
_____	_____	_____

According to NC Public School policy on disclosure of student records to persons other than parents or student, schools may, without the consent of either the student or guardian, disclose information kept in the student's cumulative record to officials of another school in which the student seeks or intends to enroll. Legal ref: PL 93-380; GS 225C114; 115C-402; NCAC Title I 16.03.0606.

Your prompt attention to this request is greatly appreciated.

\_\_\_\_\_  
*Parent/Legal Guardian Printed Name*

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*