

M.S.A.D. No. 75
REQUEST FOR STUDENT RECORDS

Date: _____

Name of school last attended: _____

Telephone #: _____

Fax #: _____

Address: _____

City State Zip

The student listed below has enrolled at _____ School. Please send a complete transcript with cumulative records, standardized test scores, health record, PET file, (if applicable; including copies of most recent I.E.P. and evaluations), and any other pertinent information that would aid in his/her educational program. If your school generally does not send a complete cumulative file, please send a copy of all information in this student's file. A student's complete educational history will help us to provide the best possible education we can for a student.

>>Please include the student's State Student ID ("MEDMS Number") when sending records.

STUDENT'S FULL NAME: _____ **GRADE:** _____

PARENT SIGNATURE _____

(Parental consent is not required to disclose this information to a school official of another school or school system "where the student seeks or intends to enroll, or where the student is already enrolled so long as the disclosure is for purposes related to the student's enrollment or transfer." (Family Educational Rights and Privacy Act, 34 CFR § 99.31(a)(2))

Thank you for your prompt attention to this request.

If you have any questions, please call _____ (school phone number)

Please send records to:

Affix school's return
address label here