SCARBOROUGH PUBLIC SCHOOLS

REQUEST FOR STUDENT RECORDS

Date: _____

School Last Attended: _____
Address: _____
_____
_____
Phone/FAX: _____

This is to certify that I, _____ the parent/legal guardian of the child/children listed below do hereby request that the educational, health, confidential and Individual Education Plan records to transferred to the address below:

Please select: (Primary K-2, Intermediate 3 - 5, Middle 6 - 8, High 9 - 12)

□ Blue Point School (Primary)
174 Pine Point Road
Scarborough, ME 04074
Phone: (207) 730-5300
Fax: (207) 730-5331

□ Eight Corners School (Primary)
22 Mussey Road
Scarborough, ME 04074
Phone: (207) 730-5200
Fax: (207) 730-5229

□ Pleasant Hill School (Primary)
143 Highland Avenue
Scarborough, ME 04074
Phone: (207) 730-5250
Fax: (207) 730-5251

□ Wentworth School
20 Quentin Drive
Scarborough, ME 04074
Phone: (207) 730-4600
Fax: (207) 730-4607

□ Scarborough Middle School
21 Quentin Drive
Scarborough, ME 04074
Phone: (207) 730-4800
Fax: (207) 730-4804

□ Scarborough High School
11 Municipal Drive
Scarborough, ME 04074
Phone: (207) 730-5000 (Main Office)
Phone: (207) 730-5020 (Guidance)
Fax: (207) 730-5019 (Guidance)

Parent/legal guardian privileges and obligations under the Family Educational Rights and Privacy Act are:

1) Notification of the transfer.
2) Right to review the records.
3) If desired, a copy of records may be obtained with the cost of copying by parent/legal guardian.
4) An opportunity for a hearing to challenge the content of the records will be provided if requested.

I have been informed and understand my rights regarding the transfer of student records.

_____
Signature of Parent/Legal Guardian

Child/Children	Grade
_____	_____
_____	_____
_____	_____
_____	_____

06/04/2025