



AVON COMMUNITY
SCHOOL
CORPORATION

Request for Student Records
Please complete for each student.

STUDENT: _____

STN # _____ Birth Date: _____ Grade _____

Previous School: _____

Address: _____

Telephone: _____ Fax: _____

We are considering the enrollment of the above student who attended your school in 2025-2026. Please forward to us the following records which should include:

- **Suspension and Expulsion Records**
- **Discipline Records**
- **Attendance Records**

In order to determine acceptance of the student, we need all information listed above.

Send Records to:

Avon Community School Corporation
7203 East U.S. Highway 36
Avon, IN 46123
Attention: Barb Marcotte
bjmarcotte@avon-schools.org
Or fax to: 317-544-6001

As parent or guardian of the above named student, I hereby give permission for the information requested to be released to the above named school.

(Parent or Guardian) (Date)

According to the Final Regulations-Family Education Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools.