

Jefferson School District
1219 Whispering Wind Drive
Tracy, CA 95377
(209) 836-3388

AUTHORIZATION FOR THE EXCHANGE OF INFORMATION

I hereby authorize: _____
Previous School Name

Address

City, State & Zip Code

Phone # Fax #

Student Legal Name Date of Birth Grade

☒ Cumulative Record (including any expulsion orders)
☒ Health Record
☒ Psychological Evaluations
☒ Special Education Records
☒ Other Confidential Information

****Please enclose this request or a copy when you mail the cum.***

Please mail to (circle one):

Jefferson School District
1219 Whispering Wind Drive
Tracy, CA 95377
Attn: Student Services
Nicole Myers

Release Signature: _____ Date: _____
Parent/Legal Guardian