



AVA R-1 SCHOOL DISTRICT / AVA, MO 65608



Ava Middle School / Grades 5-8

REQUEST FOR RELEASE OF STUDENT SCHOOL TRANSCRIPT RECORDS

The student listed below has enrolled in our school district.

Student Name: _____ Date of Birth: _____ Grade: _____

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Previous School Information

School Name: _____ Phone #: _____

Full Address: _____

Did your student attend Homeschool? YES or NO

Was your student enrolled in an accredited homeschool program? YES or NO

Release Consent:

I give Ava R-1 School District consent to obtain my student's previous records as listed below.

(Parent/Guardian Signature)

Date

Federal Law 99.31 - No parent signature required for educational records sent to another educational agency.

Office Use Below:

Please forward RECORDS to the FOLLOWING ADDRESS:

_____ Birth Certificate & Social Security Card (if available)

_____ Cumulative Permanent School Records

_____ Withdrawal Grades

_____ Attendance Records

_____ Discipline Records / **Is the student presently suspended or expelled? YES or NO**

_____ Behavioral Threat Assessment and/or Personal Safety Plans

_____ Legal Documents of Guardianship and/or Parental Rights

_____ Immunization and Health Records

_____ School Meal Services Received Verification

_____ Testing Information

Examples: State Testing Scores (EOC, etc.), ACT Score, ASVAB Scores,
CPR Certification, Civics Test, US and/or State Constitution Test

_____ Active IEP/504 & Evaluation Reports

***SPECIAL EDUCATION RECORDS should be sent **SEPARATELY** to:

SPED Office / Attn: Courtney Johnson / Phone (417) 683-3809 / courtneyjohnson@avabears.net

Attn: Registrar

PO Box 338 Ava, MO 65608

Phone: (417)683-4717

Email: registrar@avabears.net