



School Use Only:	
_____	Date Sent
_____ Mail	_____ Fax

## Authorization for Release/Exchange of Record Information

*Please complete this request by legibly printing in the appropriate spaces*

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<b>Name: Last</b>	<b>First</b>	<b>Middle</b>	<b>Grade Level</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Area Code and Telephone Number</b>		<b>Date of Birth</b>	
<b>Current/Last School Attended</b>		<b>Date Graduated/Withdrew</b>	

**INFORMATION OR RECORDS**

- Official Scholastic Record (names; address; birth date; grade level completed; grades; class standing; attendance record; standardize and aptitude test score such as SAT, PSAT, AP, ACT; school, community activities; work experience)**  
**State Testing Number** \_\_\_\_\_
- Health-Physical Fitness Data: Certificate of Immunization**
- Intelligence, Aptitude, Interest Test Scores**
- Social history (if available)**
- Legal, psychological, Psychiatric, and Medical Reports (if applicable)**
- State required reports of evaluations and other pertinent reports and programs for exceptional students**
- Other** \_\_\_\_\_

**The reason for this disclosure is:** \_\_\_\_\_

\_\_\_\_\_  
**Parent's/Guardian's/Eligible Student's Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Receiving Principal**