

CORONADO K-8 SCHOOL

3401 East Wilds Road

Tucson, AZ 85739

Office: 520-696-6610 FAX 520- 696-6701

STUDENT RECORDS REQUEST

SECTION I: STUDENT INFORMATION

This form provides authorization to release educational records and/or information relating to the following student enrolling in our school.

STUDENT NAME: _____ GRADE: _____
Last First Middle

DATE OF BIRTH: _____ GENDER: MALE FEMALE

SECTION II: INFORMATION TO BE RELEASED FROM PREVIOUS SCHOOL OF ATTENDANCE

Provide information for the **last** school of attendance. Year attended: (_____)

SCHOOL NAME: _____ PHONE: (____) - _____

ADDRESS: _____ FAX: (____) - _____
Street City State / Zip

SECTION III: EDUCATIONAL RECORDS AND INFORMATION TO BE DISCLOSED

Educational records/information for disclosure: ALL records/information

- | | |
|--|--|
| <input type="checkbox"/> Official Withdrawal Form | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Academic Records/Transcript of Credits and Grades | <input type="checkbox"/> Evaluations <input type="checkbox"/> Individual Educational Program (IEP) |
| <input type="checkbox"/> Achievement Test Scores | <input type="checkbox"/> Gifted/Talented Program Information |
| <input type="checkbox"/> Discipline and Attendance History | <input type="checkbox"/> Limited English Proficient Records |
| <input type="checkbox"/> Health and Immunization Records | <input type="checkbox"/> School CTDS # and SAIS # (if applicable) |
| <input type="checkbox"/> Birth Record/Certified Certificate | <input type="checkbox"/> Other Pertinent Information _____ |
| <input type="checkbox"/> Custody Documents (if applicable) | |

SECTION IV: RELEASE INFORMATION TO

Coronado K-8 School

3401 East Wilds Road

Tucson, AZ 85739

Attn: Registrar

*Please MAIL all records over 10 pages
Fax records fewer than 10 pages to 520-696-6701*

Comment: _____

SECTION V: SIGNATURE AND ACKNOWLEDGEMENT

I hereby grant permission for all confidential, medical, psychological and academic information be released to *Coronado K-8 School* for educational purposes.

SIGNATURE RELATIONSHIP TO STUDENT DATE

Requested by: Shirley White, Coronado K-8 Registrar •520-696-6710• swhite@amphi.com •

For Office Use Only: Date Requested: _____ Fax Email Mail