



Student Records Release

Former School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby authorize the release and transfer of the following records:

- Progress Records
- Behavior Records
- Medical and Immunization Records

Student Name: _____ Birthdate: _____ Grade: _____

Signature of Parent/Legal Guardian: _____ Date: _____

REV062508