



## CLINTONDALE COMMUNITY SCHOOLS Request for Educational Records

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female Telephone: \_\_\_\_\_

With whom do you live: \_\_\_\_\_

**Is the student in Special Education?** \_\_\_ Yes \_\_\_ No

Is the student in Section 504? \_\_\_ Yes \_\_\_ No

**Has the student been suspended or expelled?** \_\_\_ Yes \_\_\_ No

### **Authorization for Release of Student Records**

In accordance with the provisions of the family education rights and privacy act (PL93-380), I do hereby consent to the school listed below and any previous school to release:

1. **Complete CA 60:** transcripts of grades and credits, report cards, test scores, health/immunization records and grades up to the point of transfer.
2. **Explanation of Marking System.**
3. **Discipline Records as dictated under the NCLB act.**
4. **WIDA scores**

### **School Transferred From:**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

### **Please Mail Records To:**

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Student (over 18)

\_\_\_\_\_  
Date

**\*\* PLEASE FAX TRANSCRIPTS AND DISCIPLINE RECORDS NOW SO THAT WE CAN BEGIN REGISTRATION.  
THANK YOU!**