

# RECORDS RELEASE REQUEST

## Student Information

Student Name	Grade	Birth Date	Start Date
Street Address		City, State and Zip Code	
Parent / Guardian		Telephone Number	

## School / Agency Information

### SCHOOL / AGENCY RELEASING INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### SCHOOL / AGENCY REQUESTING INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Type of Material (All Available)

- ☐ Student Education Record  
**Please include all documents listed below:**
- Transcripts / Report Cards / Assessments
  - Special Education Record
  - Psychological Report
  - Eligibility / IEP
  - Placement Records
  - Programs / Services: Gifted, ESOL, SST, 504
  - Attendance
  - Discipline
  - Copy of Birth Certificate
  - Immunization Records
  - Certificate of Hearing, Vision, Dental and Nutrition
  - Copy of Social Security Card or FTE / Waiver Number
  - Custody / Guardianship Papers

☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Forsyth County School System to release/obtain pertinent information concerning the above-named student for educational planning/medical treatment or (please specify):

\_\_\_\_\_  
\_\_\_\_\_

## Authorizing Signature

Date Records Requested: _____	Initis: _____
Date Records Received: _____	