

MT. ECCLES ELEMENTARY SCHOOL

P.O. Box 1330

Cordova, Alaska 99574

Phone: (907) 424-3236; FAX: (907) 424-3117

STUDENT RECORDS REQUEST

DATE: _____

TO: _____

School

Address

City

State

Zip

The following student(s) will be attending school at Mt. Eccles Elementary School at Cordova, Alaska:

Name Birthdate Grade

Name Birthdate Grade

Name Birthdate Grade

Name Birthdate Grade

I hereby consent to the release and/or exchange of the following information:

_____ Transcript of grades earned up to date of withdrawal/graduation

_____ Pertinent medical and psychological information

_____ Cumulative Health Card

_____ Special Services Record

for the above student(s). I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party.

Under Public Law 93-380, now amended in Section 99.32, PL 93-568, no parent signature is required for educational records sent to another agency. (May 1980).

Signature of Parent/Guardian

Signature of School Official

Date

Date

Please fax last report card, front page of IEP (if applicable) and immunizations as soon as possible to the fax number above and mail the remainder to the address above.