

Records Request Form
Cordova Public Schools
100 Fisherman Ave. • PO Box 140 • Cordova, AK 99574

Name & Address of School Last Attended: _____

Phone Number: _____ Fax Number: _____

Please send records for the following student(s) to:

Cordova Jr./Sr. High School
PO Box 140
Cordova, AK 99574
Phone: 907-424-3266 • Fax: 907-424-5215

Name Date of Birth Grade

Name Date of Birth Grade

Name Date of Birth Grade

I hereby consent to the release and/or exchange of the following information on the above named student(s). I understand the information obtained will be treated in a confidential manner.

- _____ Test scores
- _____ Pertinent medical and psychological information
- _____ Cumulative health card
- _____ Transcript of grades earned up to date of withdrawal
- _____ Special services records

Under Public Law 93-380, now amended in Section 99.32, PL 93-58, no parent signature is required for educational records sent to another educational agency. (May 1980)

Parent/Guardian Signature

School Official

Date

Date