

SALT RIVER COMMUNITY SCHOOLS
STUDENT RECORDS REQUEST

RECORDS FOR THE FOLLOWING STUDENT ARE TO BE RELEASED TO:

SALT RIVER HIGH SCHOOL
SALT RIVER COMMUNITY SCHOOLS
10,005 E. OSBORN ROAD
SCOTTSDALE, AZ 85256
PH: (480) 362-2000 FAX: (480) 362-2090

STUDENT NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ PHONE: _____

RECORDS TO BE RELEASED FROM:

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

PLEASE FAX THE FOLLOWING INFORMATION TO THE ATTENTION OF THE REGISTRAR:

- | | |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> BIRTH CERTIFICATE | <input type="checkbox"/> AIMS STUDENT REPORT INFORMATION |
| <input type="checkbox"/> IMMUNIZATIONS RECORDS | <input type="checkbox"/> CURRENT CLASS SCHEDULE |
| <input type="checkbox"/> HEARING AND VISION SCREENING RESULTS | <input type="checkbox"/> DISCIPLINE RECORDS |
| <input type="checkbox"/> OFFICIAL TRANSCRIPTS – PLEASE FAX UNOFFICIAL
AND MAIL OFFICIAL | <input type="checkbox"/> ATTENDANCE RECORDS |
| <input type="checkbox"/> OFFICIAL WITHDRAWAL FORM | <input type="checkbox"/> LEGAL DOCUMENTS REGARDING CUSTODY |
| <input type="checkbox"/> WITHDRAWAL GRADES | <input type="checkbox"/> SPECIAL EDUCATION RECORDS, INCLUDING IEP'S
PSYCHOLOGICAL REPORTS ETC. – IF APPLICABLE |
| <input type="checkbox"/> TEST SCORES - AIMS/STANDARDIZED TEST
SCORES | <input type="checkbox"/> UTILITY BILL (I.E.: GAS, ELECTRICITY OR PHONE) |

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 AND ARIZONA STATE LAW, I HEREBY
AUTHORIZE THE RELEASE OF THE FOLLOWING STUDENT INFORMATION.

PARENT/GUARDIAN SIGNATURE

DATE