DESTINY SCHOOL

Authorization for Release and Request for Student Records

Student Name (Last, First, Middle)	Birth Date
Previous School Attended	Previous School District
Mailing Address of Previous School	City/State/Zip
Previous School Phone	Last Day of Attendance Start Date
I hereby authorize the above reference	ed school and district to release the following records to
Destiny School, Inc.	sed school and district to release the following records to
v p v v v v v v v v v v v v v v v v v v	X 45 Day Screening
X Regular Educational Cumula X Permanent Record Card	
X Legal Records	XPsychological Records X Health/Medical Records
X Social Services	<u>X</u> Health/Medical Records <u>X</u> Gifted Education Records
	XOnted Education Records
Parent/Guardian Signature (if availal	ole) Date
(Parent permission is no longer required whe	en records are requested by authorized school personal)
(Parent permission is no longer required whe	en records are requested by authorized school personal) Date
School Official	Date
School Official PLEASE FORWARD TO YOUR SPI	
School Official	Date
School Official PLEASE FORWARD TO YOUR SPI	Date ECIAL EDUCATION DEPARTMENT IF THIS CHILD
PLEASE FORWARD TO YOUR SPEWAS RECEIVING SERVICES: SPECIAL EDUCATION FORMS RE	Date ECIAL EDUCATION DEPARTMENT IF THIS CHILD
PLEASE FORWARD TO YOUR SPEWAS RECEIVING SERVICES: SPECIAL EDUCATION FORMS RE X Current Evaluation	ECIAL EDUCATION DEPARTMENT IF THIS CHILD
PLEASE FORWARD TO YOUR SPEWAS RECEIVING SERVICES: SPECIAL EDUCATION FORMS RE X Current Evaluation X Current MET Eligibility I	Date ECIAL EDUCATION DEPARTMENT IF THIS CHILD EQUESTED: Document
PLEASE FORWARD TO YOUR SPEWAS RECEIVING SERVICES: SPECIAL EDUCATION FORMS RE X Current Evaluation X Current MET Eligibility I X Copy of Language Profic	ECIAL EDUCATION DEPARTMENT IF THIS CHILD
PLEASE FORWARD TO YOUR SPEWAS RECEIVING SERVICES: SPECIAL EDUCATION FORMS RE X Current Evaluation X Current MET Eligibility I X Copy of Language Profic X Current IEP	Date ECIAL EDUCATION DEPARTMENT IF THIS CHILD EQUESTED: Document
PLEASE FORWARD TO YOUR SPEWAS RECEIVING SERVICES: SPECIAL EDUCATION FORMS RE X Current Evaluation X Current MET Eligibility I X Copy of Language Profic	Date ECIAL EDUCATION DEPARTMENT IF THIS CHILD EQUESTED: Document
PLEASE FORWARD TO YOUR SPEWAS RECEIVING SERVICES: SPECIAL EDUCATION FORMS RE X Current Evaluation X Current MET Eligibility I X Copy of Language Profic X Current IEP	Date ECIAL EDUCATION DEPARTMENT IF THIS CHILD EQUESTED: Document
PLEASE FORWARD TO YOUR SPEWAS RECEIVING SERVICES: SPECIAL EDUCATION FORMS RE X Current Evaluation X Current MET Eligibility I X Copy of Language Profic X Current IEP X Initial Placement SEND RECORDS TO: DESTINY SCHOOL	ECIAL EDUCATION DEPARTMENT IF THIS CHILD EQUESTED: Document iency Scores IEP Students
PLEASE FORWARD TO YOUR SPHEWAS RECEIVING SERVICES: SPECIAL EDUCATION FORMS RE X Current Evaluation X Current MET Eligibility I X Copy of Language Profic X Current IEP X Initial Placement SEND RECORDS TO: DESTINY SCHOOT 198 E. PRICKLY	ECIAL EDUCATION DEPARTMENT IF THIS CHILD EQUESTED: Document iency Scores IEP Students
PLEASE FORWARD TO YOUR SPH WAS RECEIVING SERVICES: SPECIAL EDUCATION FORMS RE X Current Evaluation X Current MET Eligibility I X Copy of Language Profic X Current IEP X Initial Placement SEND RECORDS TO: DESTINY SCHO 798 E. PRICKLY GLOBE, AZ. 85 PHONE - 928-42	Date ECIAL EDUCATION DEPARTMENT IF THIS CHILD EQUESTED: Document iency Scores IEP Students DOL y PEAR DRIVE 501 25-0925
PLEASE FORWARD TO YOUR SPHEWAS RECEIVING SERVICES: SPECIAL EDUCATION FORMS RE X Current Evaluation X Current MET Eligibility I X Copy of Language Profic X Current IEP X Initial Placement SEND RECORDS TO: DESTINY SCHOOT 198 E. PRICKLY	Date ECIAL EDUCATION DEPARTMENT IF THIS CHILD EQUESTED: Document iency Scores IEP Students OOL Y PEAR DRIVE 501 25-0925