

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 referenced school and district to release the following records to Destiny School, Inc.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Regular Educational Cumulative Files | <input checked="" type="checkbox"/> 45 Day Screening          |
| <input checked="" type="checkbox"/> Permanent Record Card                | <input checked="" type="checkbox"/> Special Education Records |
| <input checked="" type="checkbox"/> Legal Records                        | <input checked="" type="checkbox"/> Psychological Records     |
| <input checked="" type="checkbox"/> Social Services                      | <input checked="" type="checkbox"/> Health/Medical Records    |
|  | <input checked="" type="checkbox"/> Gifted Education Records  |

Parent/Guardian Signature (if available) \_\_\_\_\_ Date \_\_\_\_\_

(Parent permission is no longer required when records are requested by authorized school personnel)

School Official \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FORWARD TO YOUR SPECIAL EDUCATION DEPARTMENT IF THIS CHILD WAS RECEIVING SERVICES:**

**SPECIAL EDUCATION FORMS REQUESTED:**

- Current Evaluation
- Current MET Eligibility Document
- Copy of Language Proficiency Scores IEP Students
- Current IEP
- Initial Placement

SEND RECORDS TO: DESTINY SCHOOL  
798 E. PRICKLY PEAR DRIVE  
GLOBE, AZ. 85501  
PHONE – 928-425-0925  
FAX – 928-425-0927