



Attention Records at: _____

Fax #: _____ Date: _____

Student: _____ DOB: _____ Grade: _____

Authorization for Release of School Records

In accordance with Arizona Revised Statute 15-828, I hereby authorize the release to the school named below of all records, including grades and health records, standardized test scores, as well as psychological, social, educational or developmental information regarding the following pupil:

Please FAX the following information A.S.A.P. to (623) 374-3896

- Withdrawal Form
- Transfer grades in percentages
- IEP/504
- Immunization Records
- Discipline Records
- Attendance Records
- Birth Certificate
- Promotional Certificate
- Test Scores (AIMS, State Exit Exams, Ect.)

Signature of Parent or Legal Guardian

Date Requested