

# Release of Student Records

Policy 703 - Appendix Z-1

Dear Principal,

Please release the student records for \_\_\_\_\_  
*Student's Full Name* *Date of Birth*

who attended \_\_\_\_\_ School located at:  
*Name of School Providing Records*

\_\_\_\_\_  
*Address of School Providing Records* *State* *Zip Code*

from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.  
*Date of Enrollment* *Date of Withdrawal*

Phone number of school \_\_\_\_\_ Fax of school \_\_\_\_\_

This student has applied for admission to \_\_\_\_\_ School.  
*Name of School Requesting Records*

## Required Student Records

Academic Transcripts*	Sociological Information
Standardized Test Scores*	IEP/504 Plan
Current Year Grades to Date*	Child Study Referrals
Attendance Information*	Speech and Language Evaluations
Physical Examination	Vision Screening Reports
Health and Immunization Records	Special School/Center Information
Physical Fitness Test Records	Discipline Record
Psychological/Educational Evaluations	Screening and Eligibility Minutes
	Custody Information/Court Decisions

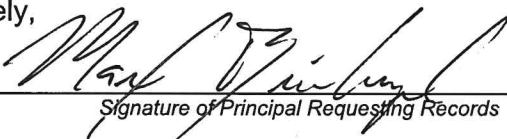
*\*Note: in accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release.*

These items can be sent to my attention at:

3801 Russell Road Alexandria, VA 22305  
*Address of School Requesting Records* *State* *Zip Code*

Please send the items above as soon as possible so that appropriate educational placement can be made. Thank you for your cooperation.

Sincerely,

 10/1/2023  
*Signature of Principal Requesting Records* *Date*

I give permission to release the above records for my student to the requesting Principal above.

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date*