

REQUEST FOR STUDENT RECORDS

Name of Former School Or enter Homeschool

Address

City, State, Zip Code

Phone

Fax

IF Entering KINDERGARTEN:

Name: _____

Date of Birth: _____

Has this child attended Kindergarten for one or more days at any school, prior to this enrollment?

Choose: ☐ Yes or ☐ No

•If **NO**, please sign at the bottom, you are done with this form

•If **YES**, please complete this form and sign at the bottom

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and AZ State Law, I hereby authorize the release of records for the following student(s):

1. _____ Student Name	_____ Birth Date	_____ Current Grade
2. _____ Student Name	_____ Birth Date	_____ Current Grade
3. _____ Student Name	_____ Birth Date	_____ Current Grade
4. _____ Student Name	_____ Birth Date	_____ Current Grade

Schools, DO NOT SEND CUMULATIVE FILE

Please forward the following:

- Official Withdrawal form
- Birth Certificate/Proof of age and identity
- Immunization/Medical records
- Special Educational records, if applicable (IEP, 504 plan, etc.)
- Discipline/Behavior record, if available
- Attendance record
- Current grades
- Prior grades K-12TH and Transfer grades (7TH-12TH)
- Screenings: 45-Day, Gifted
- 3RD- 12TH - MOST RECENT State Test Scores
- Legal Guardianship and/or custody documents
- 7th-12th Grade - Unofficial Transcript - **PLEASE MAIL OFFICIAL TRANSCRIPTS**

I understand that I have the right to inspect, copy or to challenge the contents of the records prior to the records being forwarded.

Parent Signature: _____ Date: _____

For office Use: 1st Request

For office use: 2nd Request

For office use: 3rd Request

RELEASE RECORDS TO:

Gilbert Campus and Online Instruction

580 W Melody Ave, Gilbert, AZ 85233

Phone: (480) 813-9537 / Fax: (480) 813-6742

Email: gilbertrecords@eduprize.com

Queen Creek/STV Campus

4567 W Roberts Road, San Tan Valley, AZ 85144

Phone: (480) 888-1610 / Fax: (480) 457-1701

Email: qcrecords@eduprize.com