



LAS CRUCES PUBLIC SCHOOLS
505 SOUTH MAIN, SUITE 400
LORETTO TOWN CENTER
LAS CRUCES, NM 88001

**TO BE COMPLETED BY
OFFICE PERSONNEL ONLY**
The below-mentioned records
were released to person(s)
indicated below on

Date:

Released by:

PHONE: (575) 527-5820

FAX: (575) 527-6625

This form is provided to comply with the U.S. Family Education Rights and Privacy Act (FERPA),
regarding the release of student
records. A summary of FERPA is available from the school principal.

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

To the School Officials: You are authorized to release school records requested for
the student named below:

STUDENT First Name _____ Middle Name _____ Last Name (Maiden Name) _____ Date Of Birth _____
School Last Attended _____ Year Attended _____

Did You Graduate? ☐ YES ☐ NO

- | | |
|---|---|
| <input type="checkbox"/> All Available Records | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Date of Enrollment or Withdrawal | <input type="checkbox"/> Motor Vehicle Department |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Test Records | <input type="checkbox"/> Other _____ |
- (Does Not include SAT/ACT Records)**

To be released to:

- ☐ I will pick up.
- ☐ I give permission for _____ to pick up my records.
- ☐ Send records to: _____
(Please provide full address, email or fax #)

PICTURE I.D. IS REQUIRED TO OBTAIN RECORDS

Date of request

Phone Number

Signature of Requestor

☐ Parent

☐ Guardian(Provide legal documentation)

☐ Self (18 or older)