SPRINGDALE PUBLIC SCHOOL DISTRICT
Springdale, Arkansas

REQUEST FOR STUDENT RECORDS/RECORD RELEASE FORM

I hereby request and authorize the release of student records of:

_____ _____ _____
First Name Middle Name Last Name

Birthday: ____/____/____ Social Security Number: ____-___-_____ Current Grade: ____

who has enrolled in the Springdale School District. Please send the following records to the school circled below.

Records to be released:

- ✓All Grades (including withdrawal grades)
- ✓Immunization and medical records
- ✓Social Security number verification
- ✓Audiologic evaluation
- ✓Physical therapy evaluation
- ✓All standardized test scores
- ✓Birth Certificate verification
- ✓ Grading Scale
- ✓Ophthalmologic evaluation
- ✓Neurological evaluation
- ✓ESL Records
- ✓Special Education IEP
- ✓Psychological reports
- ✓Migrant Records

(Please advise if confidential records are to be obtained from a separate facility)

_____ _____
Signature of Parent Date signed

_____ _____
Signature of 18-Year Old Student Date signed

Previous School Information:

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (___) -_____ Fax: (___) -_____

Date school mailed release to the above school/agency: __/__/___ Date received from previous school/agency: __/__/___

George Elementary

2878 S Powell Street

Springdale, AR 72764

Phone (479) 750-8710

Fax (479) 750-8810