



**Mohave Valley Elementary School Dist. #16**  
**REQUEST FOR STUDENT RECORDS**

*School Name:*

*Address:*

*Phone:*

*Fax:*

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip

( ) ( )  
Area Code School Telephone Fax #

I hereby give my permission for the above named school to release my child's:

- **CUMULATIVE RECORDS INCLUDING: SCHOOL TESTS-GRADES-ATTENDANCE**
- **HEALTH RECORDS**
- **Any other information needed for making the appropriate educational placement to Mohave Valley Elementary School Dist.**

Special education records will be requested thru our Special Ed. Dept. Please call 928-768-4538 or e-mail [sangers@mvdistrict.net](mailto:sangers@mvdistrict.net) if you do not receive a request for sped. records

**SEND COPIES ONLY**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth Present Grade

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature Parent or School representative Date

1<sup>st</sup> Request \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

According to the Final Regulations – it is no longer necessary to obtain written consent to release records between schools. School officials with the educational institution may receive a student's records without a written consent for such release.

A.R.S. § 15-828(F) – Any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request.