

EduPreneurship Student Center

Authorization for Release and Request for Student Records

In accordance with the Family Education Act of 1974 and Arizona State Law, Parent permission is no longer required when authorized school personnel request records.

Student's Legal Name: (Last, First, Middle) _____

Today's Date: _____ **Date of Birth:** _____ **SAIS Number:** _____

Information on Previous School Attended

Name of School: _____

Address: _____ **City:** _____ **State:** AZ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

I hereby authorize the above referenced school to release the following records to EduPreneurship Student Center:

- Transcript
- Cumulative Folder
- Immunization Record
- Health / Medical Records
- Legal / Court Documents

All Special Education Records including:

- IEP
- Current Met
- Speech / Language
- Eligibility Determination
- Occupational / Physical Therapy
- Psychology / Psychiatric Record
- Psycho Educational Record

Signature of Parent or Legal Guardian: _____

Date: _____

Signature of ESC Representative: _____

Date: _____

OFFICE USE ONLY			
1st Request Faxed:	2nd Request Faxed:	1st Request Mailed:	2nd Request Mailed: