



"Learning Today, Leading Tomorrow"

REQUEST FOR RECORDS

Today's Date _____ First Date of Attendance _____

Student _____ Grade _____ Birth date _____

Last School Attended _____ Last School District _____

School Address _____

City, State, Zip _____

School Phone (____) _____ FAX (____) _____

Please forward the following information:

- All academic and test records
(including state test records, constitution test information, and school grading scale)
- Attendance records
- School profile and/or schedule information
- Health and immunization records
- Withdrawal date and grades if transferring during the current school year
- Any psychological or educational evaluation(s) completed by your school, outside agency, or treatment center, including special education testing and the **Current Diagnostic Summary and IEP/Section 504/Title II Plan**
- Any testing regarding the Gifted Program
- Any testing regarding the ELL/ESL Program
- Disciplinary records

The Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, states that the signature of a parent or guardian IS NOT REQUIRED for school records to be sent to another educational facility. However, when a parent or guardian is available, we do require his/her signature.

I give permission for records to be released to Prairie View Elementary.

Parent/Guardian Signature

Date

Thank you for your cooperation.

MAIL OR FAX RECORDS TO:

Prairie View Elementary
1550 Feise Road
O'Fallon, MO 63368
Phone: 636-625-2494
FAX: 636-625-2491

attendance.prairieview@wsdr4.org