

JACKSON MIDDLE

41 Academy Avenue
Oviedo, FL 32765



HEIGHTS SCHOOL

Phone: (407) 320-4550
Fax: (407) 320-4599

Request for Student Records

Name of Student: _____
 First Middle Last

Birthdate: _____ Grade: _____ Date: _____

The above named student has enrolled in our school. Please send or fax the following to **Jackson Heights Middle School** (address and fax number above).

- 1. Health/Immunization Records
- 2. Report Card/Current Grades
- 3. Discipline Records
- 4. Standardized Test Results
- 5. Vision/Hearing Test Results
- 6. Individual Education Plan and/or 504 (if NONE, please CONFIRM)
- 7. Cumulative School Record
- 8. Psychological/Confidential Records
- 9. Academic History/Entry Date & Withdrawal Date
- 10. Confirmation No Alternative Education Assignment

Please forward the records as soon as possible. Thank you.

<u>Previous School Information</u>
_____ School Name
_____ Address
_____ City, State, Zip Code
_____ School Phone Number
_____ School Fax Number

I agree to have the above records released to the school designated above.

Parent / Legal Guardian Signature

Date Signed

NOTE: Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights & Privacy Act Final Rule on Educational Records Federal Register, June 17, 1976, Vol.41, No.118, Page 24673.)

*****For Office Use Only*****
() Faxed () Mailed () First Request () Second Request