Manchester City Schools
Student Records Request Form

School _____

School Address_____
Street **City** **State** **Zip**

School Phone: _____ **School Fax:** _____
(*Area Code)* *(Telephone Number* *(Area Code)* *(Telephone Number)*

Student's Name _____ **Student's Social Security Number** _____

Student's Current Address _____
(Street)

_____
City) *(State)* *(Zip Code)*

Telephone Number _____
(Area Code) *(Telephone Number)*

I request and authorize the above school to forward copies of all pertinent school records including but not limited to (please use a check mark to indicate the records sent) **transcripts and academic** grades _____**, scholarship** _____**, test scores** _____**, attendance**_____**,** psychological tests _____, Special Education _____ Speech _____ **health records**_____ Other (please specify)_____**to:**

Agency or Person _____

Street _____ **City** _____

State _____ **Zip Code** _____

I understand that this request form represents my notice that these records are being transmitted and that I may obtain a copy of these records if I desire. Also, I may have the opportunity to challenge the content of these records.

_____
(Signature) *(Date)*

_____
(Street) *(City)*

_____
(State) *(Zip)*

_____
(Area Code) *(Telephone Number)*

A copy will be filed in the Principal's office

ISSUED 05/14/02