

Request for Student Records

- ☐ Student Currently Enrolled in CMCSS School: _____
- ☐ Student NOT Currently Enrolled in CMCSS
- ☐ Graduated – Year: _____
- ☐ Withdrawn/Transferred – Year: _____
- ☐ Last CMCSS school attended: _____

School/Agency Address: _____

City, State, & Zip Code: _____

Student's Name: _____

Date of Birth: _____

CUMULATIVE RECORD INFORMATION TO INCLUDE:

- ___ **HIGH SCHOOL TRANSCRIPT***
- ___ ATTENDANCE INFORMATION
- ___ REPORT CARD GRADES
- ___ STANDARDIZED TEST SCORES
- ___ DISCIPLINE RECORDS
- ___ COPY OF BIRTH CERTIFICATE, PHYSICAL, & IMMUNIZATION RECORDS
- ___ VISION & HEARING SCREENINGS

SPECIAL EDUCATION RECORDS TO INCLUDE:

- ___ PSYCHOLOGICAL REPORT (Most recent)
- ___ INDIVIDUALIZED EDUCATION PLAN (IEP)
- ___ RECORDS OF OBSERVATION
- ___ SPEECH RECORDS
- ___ ENGLISH LANGUAGE LEARNERS (ELL)
- ___ OTHER: _____

Requestor's Name: _____

Requestor's Signature: _____

Requestor's Phone #: _____

Method of Delivery:

- ☐ Email – Email Address: _____
- ☐ Fax – Fax # & Recipient: _____
- ☐ Mail – Address: _____

*Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain States require that written permission be granted for the release of academic records by high schools. When a student becomes 18, the permission or consent required of and rights of the parents shall therefore be required of the student. There is a **\$2 fee** per transaction. CMCSS accepts cash or money order made payable to CMCSS. Please sign the form below consenting that you have read and understand the above statement.