

# REQUEST FOR STUDENT RECORDS

REQUESTED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

## COLCHESTER HIGH SCHOOL-GUIDANCE & COUNSELING DEPARTMENT

PO BOX 900 – 131 LAKER LANE

COLCHESTER, VT 05446

PHONE: 802-264-5713

FAX: 802-264-5757

DATE: \_\_\_\_\_

\_\_\_ The following student is considering registering at our school **(Please fax preliminary records)**.

\_\_\_ The following student will be registering at our school on \_\_\_\_\_. **(Please fax preliminary records-send permanent file)**.

\_\_\_ The following student has already registered with our school on \_\_\_\_\_. **(Please send permanent file)**.

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Grade**

Previous School Name: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Previous School Phone: \_\_\_\_\_ Previous School Fax: \_\_\_\_\_

Records Should Include:

\_\_\_ Birth Certificate    \_\_\_ Current Grades    \_\_\_ Discipline Record    \_\_\_ Guardianship/Custodial Records

\_\_\_ Health Record    \_\_\_ Special Education Records    \_\_\_ Test Scores    \_\_\_ Transcript

**SPECIAL COMMENTS/NOTES/REQUESTS:** \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE(OPTIONAL-SEE BELOW): \_\_\_\_\_

DATE: \_\_\_\_\_

According to the Final Regulation-Family Educational Rights and Privacy Act(Buckley Amendment) date June 17, 1976, **it is no longer necessary to obtain written consent to release records between schools**. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without written consent for such a release.