# FInal_CLCSlogo-1

**STUDENT RECORDS RELEASE FORM**

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| --- | --- |
| **Party Requesting Records** |  |
| **Contact Information** | **Home Phone****Cell Phone****Email** |

 ***Full Name Of Student At The Time of Enrollment (Please Print)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First |  | Middle |  | Last |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth |  | Date of withdrawal |  |
| Curent Grade  |  | Last Grade Attended CLCS |  |

**Type of records requested: *(Transcripts, Test scores, Attendance, etc.)***

* Report card
* Medical Records
* Attendance Records

|  |
| --- |
| **Other:**  |

**Reason for request of records: *(School transfer, High School application, Special programs, etc.)***

* School transfer: Receiving school:

|  |  |
| --- | --- |
| Name of School |  |
| Address |  |
| Phone |  |
| School contact |  |

* High school application

|  |  |
| --- | --- |
| Name of School |  |
| Address |  |
| Phone |  |
| School contact |  |

* Special Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***Other:***  |

**\*Please note: requests are completed within 7 business days.**

**Party to whom records are to be released: (Must be at least 18 years old)**

 **\*Valid ID Needed (ID Card, Driver’s License, Passport)**

 **❏ Self ❏ Parent/Guardian ❏ Other *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Positive Photo ID, such as a Driver’s License Required for Records Release***

 **Check release method: ❏ pick up ❏ mail ❏ fax number**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I hereby give consent for the release of the records listed above for the student(s).***

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian**

|  |  |  |
| --- | --- | --- |
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| --- |
| **FOR OFFICE USE ONLY** |
| **ID Provided: \_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_NO****Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Release Date: \_\_\_\_\_\_\_\_\_****Released by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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