PARENT AUTHORIZATION FOR RELEASE/ REQUEST OF STUDENT RECORDS

POWER CAMPUS – GRADES 7 - 12

In accordance with the Family Educational Rights and Privacy Act of 1974 and AZ State Law, I hereby authorize the school named below to release the following student records:

Previous School Name _____

Address _____

Telephone Number: _____ Fax Number: _____

Please send the following:

- Withdrawal Form
- Withdrawal Grades
- Transcript of Grades
- Attendance Records
- Achievement Test Scores
- Results of CogAt (or other gifted testing)
- Discipline Records (suspension/expulsion)
- SPED Records (IEP, 504, MET & Psych Reports)
- Psychological Records
- Health Records (Birth Certificate, Immunization Records, 45 Day Screening, Hearing & Vision Screening)

I understand that I have the right to inspect, copy or to challenge the contents of the records prior to the records being forwarded.

Name of Child: 1. _____ D.O.B._____ Grade_____

2. _____ D.O.B._____ Grade_____

3. _____ D.O.B._____ Grade_____

4. _____ D.O.B._____ Grade_____

_____ _____

Date Parent Signature

Federal Law 99.31 allows for educational records to be sent to other educational agencies without the parent's signature requirement.

Please send records to:

San Tan Charter School
3232 South Power Road, Gilbert, AZ 85215
Office: 480-222-8811
Email: remails@santanccs.com

1st request _____ 2nd request _____ 3rd request _____