



## REQUEST FOR STUDENT RECORDS

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

New School: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Address of Last School Attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission for the release of all my child's records to the above named school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**This form must be mailed, scanned or faxed within 2 days of student registration. A second request must be mailed, scanned or faxed after 10 days. Student records may be provided to officials of a school or school system in which the student intends to enroll without written consent of the parent/guardian or eligible student. (COMAR 13A.08.02.19)**

Please forward all education, health, special education, and disciplinary records to:

Guidance/Records Department: \_\_\_\_\_

Telephone number \_\_\_\_\_

Thank you for your cooperation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For Office Use Only:

Date Request Mailed, Scanned, Faxed: \_\_\_\_\_ Second Request: \_\_\_\_\_ Date Records Received: \_\_\_\_\_

**A copy should be filed in the students cumulative folder and retained for three (3) years.**

White – Previous School

Canary – Second Request

Pink – Guidance