

JACKSON MIDDLE

41 Academy Avenue
Oviedo, FL 32765



HEIGHTS SCHOOL

Phone: (407) 320-4550
Fax: (407) 320-4599

Request for Student Records

Name of Student: _____
First Middle Last

Birthdate: _____ Grade: _____ Date: _____

The above named student has enrolled in our school. Please send or fax the following to **Jackson Heights Middle School** (address and fax number above).

- | | |
|--------------------------------|--|
| 1. Health/Immunization Records | 6. Individual Education Plan |
| 2. Report Card/Current Grades | 7. Cumulative School Record |
| 3. Discipline Records | 8. Psychological/Confidential Records |
| 4. Standardized Test Results | 9. Academic History/Entry Date & Withdrawal Date |
| 5. Vision/Hearing Test Results | |

Please forward the records as soon as possible.

<u>Previous School Information</u>
School Name
Address
City, State, Zip Code
School Phone Number
School Fax Number

I agree to have the above records released to the school designated above.

Parent / Legal Guardian Signature

Date Signed

NOTE: Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights & Privacy Act Final Rule on Educational Records Federal Register, June 17, 1976, Vol.41, No.118, Page 24673.)

*****For Office Use Only*****
() Faxed () Mailed () First Request () Second Request