



## STUDENT RECORDS REQUEST FOR STUDENT EDUCATION RECORDS

\*\*\*\* Please email the documents to [admin@azarts.academy](mailto:admin@azarts.academy) \*\*\*\*

\*\* Print unless otherwise indicated \*\*

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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### Previous School Information

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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### Records Requested

Please email the following records:

\_\_\_\_ Unofficial transcript      \_\_\_\_ Transfer grades      \_\_\_\_ IEP/504/BIP

\_\_\_\_ Discipline records      \_\_\_\_ Other: \_\_\_\_\_

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I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_,  
consent to the release of records listed above to the party named above. I am aware of my rights to review the  
records and receive a copy at my expense, if I so request.

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Parent/Legal Guardian Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Legal Guardian Name (signed) \_\_\_\_\_ Contact Number \_\_\_\_\_