



ARIZONA ARTS ACADEMY

STUDENT RECORDS REQUEST FOR STUDENT EDUCATION RECORDS

****PLEASE EMAIL THE DOCUMENTS TO – ADMIN@AZARTS.ACDEMY****

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

PREVIOUS SCHOOL: _____ DATES ATTENDED: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE NUMBER: _____ SCHOOL FAX NUMBER: _____

I, _____, as the parent/legal guardian of _____,
(Parent/Legal Guardian Name) (Student Name)

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.

(Signature of Parent/Legal Guardian) (Date)

Contact Phone Number: _____

******* FOR OFFICE USE ONLY *******

Please send the following records:

____ Unofficial Transcript (fax) ____ Transfer Grades ____ IEP / 504 Information
____ Discipline Records ____ Other _____