

St. David Unified School District #21

School Year _____

Authorization for Release of Student Records

Student Name (Please print name as it appears on the Birth Certificate or Adoption papers.)

_____	_____	_____
Last	First	Middle
_____	_____	
Date of Birth	Grade	

School previously attended:

School Name			

Address	City	State	ZIP
_____	_____	_____	_____
Phone	Fax		
_____	_____		

~Office use only~

Please forward the following records:

- | | |
|-----------------------------------|---------------------------------|
| _____ Withdrawal Form | _____ Attendance Records |
| _____ Withdrawal Grades | _____ SPED/504 Plan |
| _____ Transcript of Grades | _____ Standardized Test Results |
| _____ Copy of Birth Certificate | _____ Disciplinary Records |
| _____ Immunization/Health Records | |

Please send records to:

St. David Schools Attn: Registrar

P.O. Box 70

70 E. Patton Highway

St. David, AZ 85630 or send records via e-mail to: _____@stdavid.org

Phone: 520.720.4781

For students in grades 9 - 12, official transcripts must be received by mail.

Fax: 520.720.4783

** In accordance with the Family Educational Rights and Privacy Act of 1974 and Arizona State Law: Parent permission is no longer required when records are requested by authorized school personnel.*

* Parent Signature

Date

Please note: Arizona School Districts are required to request records within 5 days of enrollment and to send student records within 10 days after receiving a request. Schools may not withhold responding to the request due to a financial obligation owed by the pupil or his/her parents as defined in A.R.S. 15-828-F.

- 1st Request _____
- 2nd Request _____
- 3rd Request _____