



RECORDS REQUEST FORM

STUDENT INFORMATION – Please type or print					IDENTIFICATION VERIFIED: <input type="checkbox"/> Y <input type="checkbox"/> N						
Last Name				Maiden Name/Other							
First Name				Middle							
Date of Birth (mm/dd/yyyy)				eSIS Pupil #/Student ID# (six-digit: used for lunch/accounts)							
Current Mailing Address							Apartment/Space Number				
City			State			Zip Code					
Telephone (daytime)				Email							
Does/Did the student have an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Does/Did the student have a Section 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No							
PARENT INFORMATION					IDENTIFICATION VERIFIED: <input type="checkbox"/> Y <input type="checkbox"/> N						
Father's Last Name(s)				Father's First Name							
Mother's Last Name(s)				Mother's First Name							
REASON FOR RECORDS REQUEST – Please check all that apply (minimum one)											
Perm Record Card Grades: Kinder - 5 <input type="checkbox"/>		Transcript Grades: 6 - 12 <input type="checkbox"/>		Certified Copy of Attendance Report <input type="checkbox"/>		Certified Copy of Student Records <input type="checkbox"/>		All Educational Records <input type="checkbox"/>		Other – Explain	
Copy of student record will be: <input type="checkbox"/> mailed to above address <input type="checkbox"/> picked up by requester											
ATTENDANCE INFORMATION – Please complete all information that apply to this records request											
High School:			From (mm/yyyy)		To (mm/yyyy)		Attended in Grades: (Select all that apply)			Graduated (Please Select One)	
Reynolds High School							9 10 11 12			YES NO	
Reynolds Learning Academy							9 10 11 12			YES NO	
Middle School:			From (mm/yyyy)		To (mm/yyyy)		Attended in Grades: (Select all that apply)				
H.B. Lee Middle School							6 7 8				
Reynolds Middle School							6 7 8				
Walt Morey Middle School							6 7 8				
Reynolds Alternative Middle School							6 7 8				
Elementary School Name(s): (Please list all Elementary School(s) attended)			From (mm/yyyy)		To (mm/yyyy)		Attended in Grades: (Select all that apply)				
							K 1 2 3 4 5				
							K 1 2 3 4 5				
							K 1 2 3 4 5				
							K 1 2 3 4 5				
							K 1 2 3 4 5				
SIGNATURE OF AUTHORIZATION FOR RELEASE OF RECORDS											
By signing this records request, you are confirming that you are the legal parent/guardian or student of age to release a copy of this student's education records.											
Signature						Date of Request (mm/dd/yyyy)					

Note: Please submit form to Student Services for required certified copies or contact for questions at (503) 661-7200, Ext 3053