

Alpine Elementary School

400 E 300 N Alpine, UT 84004
Phone: (801) 610-8710 Fax: (801) 763-7001

Request for Permanent Records

Last School Attended: _____
Address: _____
City, State, Zip: _____
Fax Number: _____

Student's name	Birthdate	Grade student will be going into

Please forward ALL records for the above named student(s) to **Alpine Elementary**.

In compliance with the Family Education Rights and Privacy Act of 1974 which requires consent for the release of certain information, I hereby give consent for you to release, to the school listed at the top of this page. Please include all school records including **special education records, confidential reports, psychological testing, 504, birth certificate, and immunization records** for the children

Parent/Guardian Name: _____

Signature: _____ Date: _____

Office Use (Please drop the above students from Skyward. Thank you.)

Requested Records	Rec'd	Excel	Skyward	Chinese	00A	Special Ed. Records
1st						yes
2nd						no