



SWALLOW SCHOOL DISTRICT
INSPIRING EXCELLENCE SINCE 1844

STUDENT RECORD REQUEST FORM

We the (parent/guardian) of _____
(student's full name)

give our consent to _____
(name of school coming from)

(address of school coming from)

(phone and fax number of school coming from)

to forward all pupil records, paper and printed out electronic information, regarding our child to Swallow School District including but not limited to: all academic records, attendance records, health records, behavioral records, psychological and/or special education teacher evaluations, social worker reports, IEPs and athletic forms.

We understand that this information will be treated as confidential and that it is to be used to make recommendations regarding our child's educational needs.

We hereby give our consent that this information be released to the above for the reasons stated.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Date _____