## JACK JOUETT MIDDLE SCHOOL

Office of the Principal 434-975-9320

School Registrar or Counseling Asst.

Fax 434-975-9325



School Counseling Office 434-975-9321

Fax 434-975-9322

Date:

Stephanie Bowles (Hall) Registrar shall2@k12albemarle.org

## Request for Records

Students Name:
Previous Schools Name:
Previous Schools Phone:
Previous Schools Email Contact:
Previous Schools Fax:
The above named student has enrolled in our school. Please send all available school records so this student may be enrolled properly.
Information to be released but not limited to:  An official record or grades earned to date of withdrawal, including grade scale Birth Certificate Immunizations and Health Exam Standardized Test Scores Attendance Records Discipline Records (if applicable) IEP/504 plan (if applicable) Confidential Information (court orders, psych evals etc. if applicable)
I hereby authorize the release of the information listed above to the specified institution:
Signature of Parent or Guardian:  Date: