**STUDENT RECORDS REQUEST**

DELTA JUNCTION SCHOOL

PO BOX 647

DELTA JUNCTION, AK 99737

PHONE: 907-895-446

FAX: 907-895-4049

Please list address of the school your child (ren) last attended:

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student(s) Date of Birth Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The above student(s) has enrolled in our school. Please forward a complete cumulative record to the address listed above. Cumulative records are to include grades, test scores, attendance records, immunization/health records, psychological/counseling reports and other evaluations that are part of the school records, and information which would assist in the proper placement of the student. If the student was in a Special Education program, please send a copy of the current level of the performance and IEP. We agree to observe appropriate confidentially on all materials.

Sincerely,

Mary M. St. Peter, Registrar

(A school district in which a student enrolls may request records from a school the student last attended without a parent signature or approval. See “Protection of the Rights and Privacy of Parents and Students, “ Section 438, subsection (b)(1), parts A&B. page 97 as amended in 1976)