



## Request for Records

Transferring from: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ enrolled in our school on the following date \_\_\_\_\_.  
(Student Name)

In order to provide an optimum teaching and learning situation, we would appreciate your forwarding to this school, as soon as possible, the following records on this student so we will be able to place him/her in the appropriate subjects/area placement. A prompt response will be appreciated.

\_\_\_\_\_ Test Scores (PACT/PASS,  
HSAP)

\_\_\_\_\_ Health Records

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Report Card/Interim/Promotion  
Status

\_\_\_\_\_ Withdrawal Grades

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Copy of Home Language Survey

\_\_\_\_\_ MAP (Measures of Academic  
Progress) Scores

\_\_\_\_\_ Language Proficiency  
Assessment Results

\_\_\_\_\_ Achievement (Standardized) Test  
Scores (Out of State Students)

\_\_\_\_\_ Discipline Records

\_\_\_\_\_ Attendance

\_\_\_\_\_ Transcript

\_\_\_\_\_ School Intervention Plan

I, the undersigned, hereby authorize the release of all school records of my son/daughter to **Little Mountain Elementary School / School District of Newberry County.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date