



**REQUEST OF STUDENT RECORDS
FORMULARIO DE SOLICITUD DEL EXPEDIENTE ACADÉMICO**

INSTRUCTIONS: This form is to be completed by the parent/legal guardian of the student, adult student or school official to request records from previous schools attended.

INSTRUCCIONES: Este formulario debe ser completado por el padre/madre o tutor legal del estudiante, el estudiante adulto o un funcionario escolar para solicitar los registros de las escuelas anteriores a las que asistió el estudiante.

STUDENT'S LEGAL INFORMATION/ INFORMACIÓN LEGAL DEL ESTUDIANTE

Last Name
Apellido(s) _____

First Name _____ **Middle Name**
Nombre _____ *Segundo Nombre* _____

Date of Birth (mm/dd/yyyy)
Fecha de Nacimiento (mes/día/año) _____

STUDENT'S LAST SCHOOL INFORMATION/ INFORMACIÓN DE LA ÚLTIMA ESCUELA DEL ESTUDIANTE

Name of last school attended _____ **Grade**
Nombre de la última escuela a la que asistió _____ *Grado* _____

Address
Dirección _____

Email _____ **Phone** _____ **Fax** _____
Correo Electrónico _____ *Teléfono* _____

To: (Name of last school registrar or designee) _____

The parent/legal guardian of the student listed above, or the adult student, is requesting to register with Arlington Public Schools. To ensure the student is placed in the appropriate grade and program, we need the following information from your school. We respectfully request that you please send us the records listed below within five (5) school days:

- | | | |
|--|--|--|
| <input type="checkbox"/> Report cards | <input type="checkbox"/> Transcripts | <input type="checkbox"/> Section 504 |
| <input type="checkbox"/> Standardized test results | <input type="checkbox"/> Discipline records | <input type="checkbox"/> Special Education (<i>IEP, evaluation materials, etc.</i>) |
| <input type="checkbox"/> Gifted/Talented | <input type="checkbox"/> WIDA or English Learner information | <input type="checkbox"/> Health records (<i>Immunizations, Tuberculosis test results Physical</i>) |
| <input type="checkbox"/> Other _____ | | |

Please send the student's academic records to the registrar or designated Arlington Public Schools staff listed below.

Registrar or designated APS staff First and Last Name _____

Name of APS School or Office _____

Address _____

Email _____ Phone _____ Fax _____

I hereby give permission to the appropriate school authority to release the information requested above to Arlington Public Schools.
Por la presente, autorizo a las autoridades escolares correspondientes a divulgar a las Escuelas Públicas de Arlington (APS) la información solicitada con anterioridad.

Full Name Parent/Legal Guardian /Adult Student/APS-Designated School Official
Nombre del padre/madre o tutor legal, estudiante adulto o representante escolar designado de APS

Signature / Firma

Date/Fecha

Parental permission is not required when records are requested by authorized school personnel. Family Educational Rights and Privacy Act (FERPA) allows schools to disclose education records without consent to school officials with legitimate educational interest and to other schools to which a student is transferring (34 CFR § 99.31).

No se requiere el permiso de los padres cuando los registros son solicitados por el personal escolar autorizado. La Ley de Derechos Educativos y Privacidad Familiar (FERPA) habilitan a las escuelas a divulgar sin consentimiento los expedientes académicos a funcionarios escolares que tengan un interés educativo legítimo y a otras escuelas a las que un estudiante pueda trasladarse. (34 CFR § 99.31).

To Be Completed by APS Staff Making Records Request

Name of APS Staff Requesting Records _____

Signature of APS Staff Requesting Records _____

Date request was sent _____ Emailed Faxed Scribbles Other _____