



Salt River Elementary School

10,005 E. Osborn Rd.
Scottsdale, AZ 85256

Phone: 480-362-2400
Fax: 480-362-2401

“Excellent Attendance=Students Success in School”

Parent Authorization for Release of Student Records

In accordance with Family Educational Rights and Privacy Act of 1974 and Arizona State Law, I hereby authorize the release of student information FROM:

Name of School: _____

Phone Number: _____ Fax Number: _____

Please send all of the following records:

- | | |
|--------------------------------------|-----------------------|
| Transcript | Attendance Records |
| Withdrawal Grades | Psychological Records |
| Immunization Records | Social History |
| Achievement Test Scores | Medical Evaluations |
| SPED & I.E.P. Records/504 | Discipline Reports |
| RtI documents/data/services provided | Other: _____ |

Student Name: _____ Grade: _____ DOB: _____

Parent/Guardian Signature: _____ Date: _____

Requested by: MS. DECLAY Title: Registrar/Attendance Date: _____

Date Faxed: _____

2nd Request: _____

3rd Request: _____

PARENT PERMISSION IS NO LONGER REQUIRED WHEN RECORDS ARE REQUESTED BY AUTHORIZED SCHOOL PERSONNEL.