RECORDS RELEASE REQUEST FORM/FACSIMILE C17-0804-011
90930

To: _____

From: Riverside ES

Re: _____

Date: _____

Fax#: _____

Number of Pages: _____

THIS FACSIMILE MAY CONTAIN CONFIDENTIAL AND PRIVILEGED COMMUNICATION. IF YOU GET IT BY MISTAKE, PLEASE DO NOT READ THE CONTENTS AND CALL _____ TO INFORM US. THANK YOU.

The below referenced student is enrolling in the Gwinnett County Public Schools System. Please provide the requested information as indicated to expedite this enrollment Process.

Student Name: _____ Student ID#: _____
Last Name First MI

Parent/Legal Guardian: (1) _____ Relationship: _____
Last Name First MI

Parent/Legal Guardian: (2) _____ Relationship: _____
Last Name First MI

School Requesting Information

Name _____

Address RIVERSIDE ELEMENTARY 5445 SETTLES BRIDGE RD.

City SUWANEE, GA 30024 PHONE: 678-482-1000

Zip _____ Phone _____

Fax#: (678) 482-1018

School Releasing Information (Provided by parent)

Name _____

Address _____

City _____

Zip _____ Phone _____

Fax#: _____

Records Requested:

Standard Educational Record ✓
Psychological Reports ✓
Gifted Eligibility ✓
Standardized Test Reports ✓
Other _____

Immunization Certificate ✓ VHD Certificate ✓
Special Education Eligibility Forms and IEP ✓
ESOL and ESL Record ✓ Disciplinary Record ✓
Attendance History ✓ Medical Reports ✓

If this student limited English proficient? ____Yes ____No
If Needed, Most Recent Date of Assessment For English Proficiency _____

I hereby authorize the above referenced school to release all requested records to the requesting school without hesitation or delay.

Parent/Legal Guardian Signature _____ **Date** _____

White -- Parent, Yellow - Receiving School/Releasing Party, Pink - Student File