

Desert Sky Community School
1350 N Arcadia Ave
Tucson, AZ 85712
(520)-745-3888

REQUEST FOR RELEASE OF RECORDS

Student Name _____

Date of Birth _____ SAIS#: _____ Current Grade _____

The above student has enrolled in Desert Sky Community School.

I hereby request and authorize you to release as indicated any

Medical information Educational record Special education placement & information
Developmental history Psychological reports IEP and/or 504 documentation

<p>Information Released to:</p> <p>Desert Sky Community School 1350 N Arcadia Ave Tucson, AZ 85712</p> <p>Phone (520) 745-3888</p> <p>Fax (520) 745-5110</p> <p>Director, Shelly Adrian Records Manager, Jennifer Young SpEd Director, Laura Alvarado-Coady</p>	<p>School Student attended last:</p> <p>School name: _____</p> <p>Dates attended: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Fax: _____</p>
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Permission for the release of these records granted by _____
(parent/guardian name)

Pursuant to the Family Education Rights and Privacy Act of 1974, all psychological/ confidential data will be maintained as such. It will not be transferred to any person or agency without parental permission. Parents will have access to all student records. I hereby give consent for the release of education records.

(Parent/Guardian signature)

(Date)

(School Official)

(Date)