

ST. LOUIS UNIFIED SCHOOL of Seventh-day Adventists

**REQUEST FOR STUDENT RECORDS
(NEW STUDENTS ONLY)**

Name of School: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

AUTHORIZATION

I, _____, authorize the release of all
(Parent/Guardian Signature)

school records for:

(Student Name) (Birth
Date)

(Student Name) (Birth
Date)

This request for release of student records includes all information relative to the student(s) including the following:

- Transcript of all work completed, including grades at withdrawal
- Health record, immunization dates, including any information that should be known by the school for medical reasons
- Attendance record, birth certificate and social security number
- Results of any tests given, including any psychological test results
- Special education forms, including Teacher Referral for Evaluation Form, Parent Permission for Testing and IEP

Signature: _____ Date: _____
Parent or Legal Guardian

Please Mail to this address: St. Louis Unified School
9001 Lucas & Hunt Rd
St. Louis, MO 63136

STUDENT RECORDS