



REQUEST FOR STUDENT RECORDS

425 N Greenfield Rd, Gilbert, AZ 85234
480.892.8314 | cgl.school.org

The following student(s) has/have applied for admission to Christ Greenfield Lutheran School:

Last Name	First Name	Birth Date	Current Grade
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Last Name	First Name	Birth Date	Current Grade
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I hereby authorize

School/School District	Phone
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Address

City	State	Zip Code
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to release and furnish copies of all information of a psychological, educational, medical or other nature concerning my child(ren) to Christ Greenfield Lutheran School.

Signature of Parent or Guardian	Date
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NOTE: SIGNATURE OF PARENT NOT REQUIRED. Legal citation: Family Educational Rights and Privacy Act, Sec. 513, Title V, Educational Amendments of 1974, PL 93-380 Sec. 438 (b)(1)(B) of 34 CFR 99:31. As stated in ARS 15.828, any school requested to forward a copy of a transferring pupil's records to the new school shall comply and forward the records within five (5) school days after receipt of the request unless the records have been flagged pursuant to ARS 15.829.

Please release the following data/documents: (if applicable to this student)

- One Copy of the student's official withdrawal form
- One Copy of the student's report cards; please include most recent report card
- One Copy of all standardized testing results.
- One Copy of the student's discipline file.
- One Copy of individual testing results if applicable (e.g. IEP, Psychological testing, etc.)
- One Copy of the student's medical files/health records/immunization.
- One Copy of any other pertinent information.

Please e-mail or fax to :

Christ Greenfield Lutheran School
ATTN: Brook Korb, Student Accounts
425 N. Greenfield Road
Gilbert, AZ 85234
FAX: 480-503-0437
Email: bkorb@cgl.school.org