

RELEASE OF SCHOOL RECORDS

Date

School Name and Address Transferring from

Phone

Fax

Student's Name: _____

Date of Birth: _____ **Grade Entering:** _____

*The above named student has enrolled in the Jamestown Public School System.
Please send us a transcript of his/her academic records including:*

- *Grades earned during previous and current school years.
Please include GRADES TO DATE OF WITHDRAWAL*
- *Attendance Record*
- *Health Record/Immunization Record*
- *Standardized Test Results – Including Competency Test Results*
- *A copy of your school's grading code*
- *Discipline Report*
- *IEP/Test Modifications if appropriate*

CONSENT FOR RELEASE OF RECORDS

I, _____ hereby grant permission for
(Signature of Parent, Guardian or Student over 18)

JAMESTOWN HIGH SCHOOL to receive the above records for:

(Student's Name)