



RELEASE OF RECORDS

Date: _____

To: _____

Student Name: _____ D.O.B. _____

The student listed above has enrolled in our school. Please send the following records:

- | | |
|--|--|
| <input type="checkbox"/> Florida Student Number | <input type="checkbox"/> Transcript of Grades and Grading System |
| <input type="checkbox"/> Immunization Records & Copy of Physical | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Intellectual / Psychological Evaluations |
| <input type="checkbox"/> Copy of Home Language Survey | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Withdrawal Form with Transfer Grades | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Attendance Information | <input type="checkbox"/> Special Education Records, to include most recent IEP and initial eligibility documentation |
| <input type="checkbox"/> Discipline Report | |

☐ Other _____

Please include any other records that may assist in proper placement of the student. If the requested records are not available at your school, please let us know. Thank you for your cooperation. These records will be for professional use of authorized Hillsborough County Public School personnel only.

Authorized Personnel Name: _____

Authorized Personnel Email: _____

Authorized Personnel Contact Phone Number: _____

Parent signature indicates approval for email or fax of records _____

Parent Signature