

Today's Date: _____



Student Records Request Form

Arizona State Board for Charter Schools
 Mailing Address: P.O. Box 18328 • Phoenix, Arizona 85009
 Phone: 602-364-3080

Charter School Information					
Name of Closed Charter School:					
Dates of Enrollment:	From:			To:	
Did the Student Graduate	Yes	<input type="checkbox"/>		No:	<input type="checkbox"/>

Records Being Requested <i>(Check all that apply)</i>			
<input type="checkbox"/>	Attendance Records	<input type="checkbox"/>	Exceptional Student Education Records
<input type="checkbox"/>	Copy of Diploma	<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Copy of Transcripts/Final Grades	<input type="checkbox"/>	Standardized Test Results
<input type="checkbox"/>	Cumulative Student Folder	<input type="checkbox"/>	Withdrawal Form
<input type="checkbox"/>	Disciplinary Records	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Enrollment Records	<input type="checkbox"/>	Other:

Student Information	
Full Name <i>(At time of Attendance)</i> :	
Date of Birth <i>(MM/DD/YY)</i> :	
Email:	

Requester Information	
Name:	
Phone Number:	
Email:	

Send Records To	Email	Mail	Pick up in-person
Email:			
Mail:	<i>Address:</i>	<i>City:</i>	<i>State:</i> <i>Zipcode:</i>

Signature	
I hereby Authorize the Arizona State Board for Charter Schools (ASBCS) to release all educational, medica, social and/or psychological information that has been made a part of this schools records request regarding the student listed above, I further release ASBCS from all liability and claims pertaining to disclosure of the information requested.	
Student/Requestor's Signature: _____	Date: _____
Relationship to Student (Check the applicable box): Self (if over 18) Parent/legal guardian* Other*	
*Please note if records requested are for a prior student 18 years or older, the student must sign this form or signed release from must be a provided in order for ASBCS to release the information	