

CHARLOTTE PUBLIC SCHOOLS



REQUEST FOR EDUCATIONAL RECORDS & AFFIRMATION OF PRIOR DISCIPLINE RECORD

Please forward all transcripts, grades, test records, psychological and diagnostic evaluations, health records and Single Record Student Database UIC (unique identification code) at your earliest opportunity. Also, please send any special education records for the student named below:

_____ (Student's Name) _____ (Grade) _____ (Date of Birth)
Last School Attended: _____
_____ (Name of School)
_____ (Address) _____ (City) _____ (State) _____ (Zip)

DIRECTIONS: Check the box next to the appropriate paragraph. Please provide information, and sign this document.

Paragraph 1:

The undersigned affirms that _____ has **NOT** been suspended or expelled from any school.

Paragraph 2:

The undersigned affirms that _____ **HAS** been suspended or expelled from any school.

If you checked paragraph 2. explain the circumstances. Include the school name, date of suspension or expulsion, and a brief description of the incident giving rise to the suspension or expulsion.

I hereby authorize the release of all records requested above.

_____ (Parent/Guardian Signature) _____ (Date)

(FOR OFFICE USE ONLY)

Date copy sent for verification: _____ Signature of CPS staff Member _____

Please send records to:

_____ (Name of School)
_____ (Address) _____ (City) _____ (State) _____ (Zip)

PLEASE INCLUDE UIC# FOR SRSD REPORT _____