



Request for Student Records

Previous School: _____

Address: _____

Ph: _____ Fax: _____ Email: _____

KYRENE SCHOOLS

Middle Schools

Akimel A-al

Altadeña

Aprende

Centennial

Kyrene

Pueblo

Date Records Requested: _____

_____ Transcripts/Report Card

_____ Special Education Records
(Multi-disciplinary evaluations, Speech,
Individual Education Plan-IEP, etc)

_____ Proof of Birth

_____ SEI/AZELLA Records

_____ Health and Immunizations Records

_____ Gifted Records

_____ Attendance/Discipline Records

_____ Section 504 Records

_____ Achievement Test Scores
(State Standardized Tests)

_____ Other Records _____

Elementary Schools

Brisas

Cerritos

Cielo

Colina

Esperanza

Estrella

Lagos

Lomas

Manitas

Mariposa

Milenio

Mirada

Monte Vista

Niños

Norte

Paloma

Sierra

Sureño

Waggoner

Notes: _____

In order to assist in the provision of an appropriate educational program and in accordance with the Family Educational Rights and Privacy Act of 1974 and Arizona State law, you are hereby notified that the Kyrene School District is requesting the following records from the student's former school. Written consent of the parent/guardian is not required to release educational records to officials of other schools; records may not be disclosed to a third party except as specified by District policy.

For student(s):

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

Please send all records to:

**Kyrene de la Colina
13612 S. 36th Street
Phoenix, AZ 85044**

Ph: (480) 541-2600

Fax: (480) 541-2610

Email: _____

Celebrating over 120 years of excellence in education