** McCloud Union School District**

Shelley Cain, Superintendent-Principal

P.O. Box 700 McCloud, California 96057 530-964-2133 FAX 964-2153

STUDENT RECORDS REQUEST

AUTHORIZATION FOR RELEASE OF ALL RECORDS

Attn: Records Clerk

SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send cumulative records and any and all records including **Confidential** and **Special Education** files you may have for the following students:

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT NAME | GRADE | BIRTHDATE | DATE OF ENROLLMENT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The above identified student(s) has enrolled in McCloud Elementary School. Please **FAX** ***Immunization record* AND *Birth Certificate*** to (530) 964-2153.

**McCloud Elementary School**

**PO Box 700**

**McCloud, CA 96057**

**Phone (530)964-2133**

**Fax (530)964-2153**

Please **mail all records** to:

Rosa Mero: Administrative Secretary/ Registrar McCloud Elementary School

In accordance with the Family Education Rights & Privacy Act, I authorize the release of my child’s records, including confidential records, to the school listed below. I understand that I have the right to examine these records upon written request.