



GRADE
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**AUTHORIZATION AND PERMISSION TO RELEASE MEDICAL, EDUCATION AND/OR SPECIAL EDUCATION RECORDS**

**Scholar Information**

Scholar Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

**Previous School Information**

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

Address

City

Zip Code

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Previous School Information**

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

Address

City

Zip Code

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Information requested consists of:**

- Withdrawal Form (SAIS # and school CTDS# should be included if at last school attended is in Arizona)
- Official Transcript/Report Cards
- Immunization Record
- Birth Certificate
- Testing Data and Results
- Attendance Records
- Legal Guardianship or Custody Papers
- Current IEP, 504 Plan, Psych Evaluation and any other SPED Records
- ELL Testing and Results
- Any information pertaining to retention

**PLEASE SEND ALL RECORDS, INCLUDING SPECIAL ED RECORDS TO:**

Sun Valley Academy

2675 West Baseline Road, Phoenix, Arizona 85041 Phone Number 602-692-4914

Fax Number 602-276-6298

Date of 1<sup>st</sup> Request \_\_\_\_\_

Date of 2<sup>nd</sup> Request \_\_\_\_\_

Date of 3<sup>rd</sup> Request \_\_\_\_\_