



SKY ISLANDS HIGH SCHOOL

3101 N Sabino Canyon Road

Tucson, AZ 85715

Ph: (520) 382-9210

Fax: (520) 382-5888

OFFICIAL REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward the following records for: _____

Date of Birth: _____ Grade _____

Name of Last school attended: _____

Ph: (520) _____ Fax: (520) _____

Please list other high school(s) previously attended:

Please release the following items checked below to Sky Islands High School:

- | | |
|---|---|
| <input type="checkbox"/> SAIS # _____ | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Official Withdrawal Slip | <input type="checkbox"/> Immunization/Health Records |
| <input type="checkbox"/> Official Transcripts (Please fax an Unofficial Transcript and mail Official) | |
| <input type="checkbox"/> AIMS/Terra Nova Results | <input type="checkbox"/> SELP/AZELLA Testing Records |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Course Descriptions | <input type="checkbox"/> Explanation of Grading/Credit System |
| <input type="checkbox"/> Vision & Hearing Test Results | <input type="checkbox"/> Results of Standardized Tests |

I give permission to (list all previous high schools) _____,

for the release of any Special Services records checked below to Sky Islands High School.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Psycho-educational Evaluations | <input checked="" type="checkbox"/> Nurses Report |
| <input checked="" type="checkbox"/> Individual Education Plans | <input checked="" type="checkbox"/> Psychiatric Therapy Evaluations |
| <input checked="" type="checkbox"/> Eligibility Form | <input checked="" type="checkbox"/> Occupational Therapy Evaluations |
| <input checked="" type="checkbox"/> Multidisciplinary Evaluation Team Minutes | <input checked="" type="checkbox"/> Physical Therapy Evaluations |
| <input checked="" type="checkbox"/> Vision/Hearing Screening Results | <input checked="" type="checkbox"/> 504 Accommodations Plan |
| <input checked="" type="checkbox"/> Speech Evaluations | <input checked="" type="checkbox"/> Probation Officer's Reports |
| <input checked="" type="checkbox"/> Behavioral Plans | <input checked="" type="checkbox"/> Guardianship Papers |

Parent Signature _____ School Staff Signature _____ Date _____

Parent/Guardian understands that the above named student will not be fully enrolled at Sky Islands High School until requested disciplinary and academic records have been received and reviewed.

Arizona School Districts are required to request records within 5 days of enrollment and to send student records within 10 days after receiving a request. Schools may not withhold responding to the request due to a financial obligation owed by the pupil or his/her parent as defined in A. R. S. 15-828F.PL 93-380.

The Federal Family Education Rights and Privacy Act, Arizona Law, A.R.S. 15-141, written consent of the parent/guardian, student is not required to release educational records to officials of other schools or school systems in which the student seeks or intends to enroll.