

# Sulphur Springs Middle School: Student Records Request Form

**Date request received:** \_\_\_\_\_ **Requested by:** \_\_\_\_\_

**Records Requested For:**

Student's Full Name:	Last 4 digits of SS #:
Student's Date of Birth:	Student's current address:

**Records Requested:**

<input type="checkbox"/>	Copy of immunization record	<input type="checkbox"/>	504 records
<input type="checkbox"/>	Copy of standardized testing records	<input type="checkbox"/>	Copy of report card
<input type="checkbox"/>	Copy of birth certificate	<input type="checkbox"/>	Copy of discipline incident reports
<input type="checkbox"/>	Copy of social security card	<input type="checkbox"/>	Copy of attendance records
<input type="checkbox"/>	Teacher/counselor input requested from medical professional (form provided by the professional) Form: _____	<input type="checkbox"/>	Other:

Name of the person to receive records: \_\_\_\_\_ Phone number: \_\_\_\_\_

Records may be picked up at SSMS OR be emailed, faxed or mailed to the address/phone number listed below:

\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ \* **Date:** \_\_\_\_\_

**\*By signing above, I give permission for the release of records / confidential information to the party named above, and for SSMS to consult with the party named above, as required to meet the needs of the student for whom the request was originally made.**

\*\*\*\*\*SSMS OFFICE USE ONLY\*\*\*\*\*

Parent/guardian identity verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Information collected by: \_\_\_\_\_ Date: \_\_\_\_\_

Information disseminated by: \_\_\_\_\_ Date: \_\_\_\_\_