

RELEASE OF STUDENT RECORDS

STUDENT'S NAME: _____ TERMS STUDENT #: _____

DOB: _____ GRADE: _____ FL STUDENT ID #: _____ MALE: _____ FEMALE: _____

SCHOOL TRANSFERRING FROM:

SCHOOL TRANSFERRING TO:

SCHOOL NAME

THOMAS E. WEIGHTMAN MIDDLE SCHOOL
30649 WELLS ROAD
WESLEY CHAPEL, FL 33545
PHONE: 813-794-0231 (Registrar)

CITY, STATE, ZIP

FAX: 813-794-0292 or 813-794-0291
EMAIL: **akorte** @PASCO.K12.FL.US

TELEPHONE

FAX# ATTN: Registrar/Data Entry

****IF THE STUDENT LEFT DURING A GRADING PERIOD, PLEASE SEND WITHDRAWAL GRADES FOR THAT PERIOD.***

The student listed above is enrolling in our school. Any information you can provide that will assist in proper placement of this student will be greatly appreciated. If these records are unavailable at your school, please advise or forward accordingly. Thank you.

Please FAX the following critical information so that we can enroll this student:

- _____ Immunizations and physical dated within one year
- _____ Withdrawal grades (please include information on your grading system.)
- _____ Individual Education Plan (IEP) *if applicable*
- _____ Standardized Test Scores (i.e. FCAT, FSA)

Please also forward the entire cumulative information, including:

- _____ Transcripts/Past Grades (including grading scale)
- _____ Attendance and Discipline Records
- _____ Special Education Records (*including IEP, psychological, social history, academic evaluations*)
- _____ 504 Accommodation Plan
- _____ Home Language survey
- _____ All of the above (via US Mail)
- _____ Entire Pasco County Cumulative Folder via Courier

These records will be for professional use of authorized Pasco county, Florida personnel only. Please be advised parental permission is no longer required when records are requested by authorized personnel (Family Rights & Privacy Act, final Rule on Ed Records, Fed. Register, June 17, 1976, Vol.41, No.,118, Page 24273).

PARENT/GUARDIAN SIGNATURE

1ST NOTICE

2ND NOTICE

REGISTRAR/AUTHORIZED PERSONNEL

3RD NOTICE

ADMIN. CONTACT