

# 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

\_\_\_\_\_  
CITY, STATE, ZIP

WESLEY CHAPEL, FL 33545

PHONE: 813-794-0231 (Registrar)

\_\_\_\_\_  
TELEPHONE

FAX: 813-794-0292 or 813-794-0291

EMAIL: layende @PASCO.K12.FL.US

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

\_\_\_\_\_  
1<sup>ST</sup> NOTICE

\_\_\_\_\_  
2<sup>ND</sup> NOTICE

\_\_\_\_\_  
REGISTRAR/AUTHORIZED PERSONNEL

\_\_\_\_\_  
3<sup>RD</sup> NOTICE

\_\_\_\_\_  
ADMIN. CONTACT