



Permission to Request Student Records

Date of Request: _____

The following student seeks to enroll in one of our district schools. Please forward the following information to school checked at the bottom of the form.

Student's Information

Legal Last Name: _____

Legal First Name: _____

Middle: _____

Birth Date: _____ Grade Level: _____

The following records are requested be released from the student's previous school:

- | | |
|------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Official Transcript & Current Schedule | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Historical Grades and Withdrawal Grades | <input type="checkbox"/> Health & Immunization Records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Special Education or 504 Plan Records |

Previous School

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Student's last date of attendance (approx.): _____

Signature of Parent/Guardian (if available) _____

Relationship to student _____

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.

Signature of Requesting School Representative: _____

- | | Signature | Title |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Atkinson Academy
17 Academy Ave.
Atkinson, NH 03811
Phone: 603-362-5521
Fax: 603-362-5842 | <input type="checkbox"/> Danville Elementary School
23 School St.
Danville, NH 03819
Phone: 603-382-5554
Fax: 603-382-1680 | <input type="checkbox"/> Pollard School
120 Main St.
Plaistow, NH
Phone: 603-382-7146
Fax: 603-382-2782 |
| <input type="checkbox"/> TLC at Sandown Central
Pre-K and Kindergarten
295 Main St.
Sandown, NH 03873
603-887-3648
603-887-3635 | <input type="checkbox"/> Timberlane Regional Middle School
44 Greenough Road
Plaistow, NH 03865
Phone: 603-382-7131
Fax: 603-382-2781 | <input type="checkbox"/> Sandown North Elementary (1-5)
23 Stagecoach Rd.
Sandown, NH 03873
Phone: 603-887-8505
Fax: 603-887-8509 |
| | <input type="checkbox"/> Timberlane Regional High School
36 Greenough Road
Plaistow, NH 03865
Phone: 603-382-6541
Fax: 603-382-0541 | |