

REQUEST FOR STUDENT RECORDS Onslow County Schools

1st Request:	
2 nd Request:	

(Please submit one for each student)

Name/Address/Fax# of Last School of Attendance:				
School Name		· · · · · · · · · · · · · · · · · · ·		
School Address				
School Main Phone	School Fax			
The student named below has presented current educational records, including Psychological testing, etc.); Academical Immunizations & Physicals; Birth Certificustody Records, if applicable. Please	the following: Exceptional Child ally Gifted Records; 504 Plan; S ïcate; Attendance; Behavior/Su	d Records (IEP/Behavior Plan, tandardized Testing Results; ispensions; Previous School Records;		
Printed Legal Name of Student	<u>Date of Birth</u>	Grade for 2020/2021		
According to NC Public School policy on di may, without the consent of either the stud to officials of another school in which the st 402; NCAC Title I 16.03.0606.	ent or guardian, disclose informati	on kept in the student's cumulative record		
Your prompt a	attention to this request is great	ly appreciated.		
Parent/Legal Guardian Printed Name				
Parent/Legal Guardian Signature		Date		