



Date Faxed: _____

Attn: Registrar

RETURN TO:

Mail: 1406 Suther Road, Charlotte, NC, 28213

Email: enroll@ucsnc.org, Fax: 980-819-0663

Records Request Authorization: 2019-2020 School Year

Choose one of the following two options:

_____ My student has no records to request from previous schools. ***(Stop here if this option is chosen)***

OR

_____ I hereby authorize the following institution to release the records of my child:

ALL FIELDS MUST BE FILLED OUT

Name of Previous School:	
Type of School:	___ Elementary ___ Preschool ___ Daycare ___ Home School
Street Address:	
City, State, Zip:	
Phone:	
Fax:	

Please provide ALL Records from current and previous years (including previous schools):

- o All Report cards and grades to date by marking period or final grade. Please include the grading codes.
- o Attendance records.
- o All IEP's, 504's, EC Records, etc. ***PLEASE OBTAIN FROM EC TEACHER/COORDINATOR AND INCLUDE IN PACKET***
- o All available test scores.
- o Health records.
- o Immunization records.
- o Psychological evaluations (if applicable).

Student's Full Name

Student's DOB

Parent/Guardian Signature

Date