Date Faxed: _____

Attn: Registrar
RETURN TO:
Mail: 1406 Suther Road, Charlotte, NC, 28213
Email: enroll@ucsnc.org, Fax: 980-819-0663

RECORD REQUEST AUTHORIZATION: 2018-2019 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):

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

_____ _____
Student's Full Name Student's DOB

_____ _____
Parent/Guardian Signature Date