



Permission to Release School Records

I, _____ (parent/guardian name) as the legal parent/guardian of _____ (student name) hereby request my student's records be sent to Riverbend Prep. Please deliver the below information to the Riverbend Prep. Registrar via electronic mail to:
frontoffice@riverbendprep.org

- Withdrawal form
- Academic records
- Health Records
- Individual Education Plan or 504 Plan
- AZELLA Scores/ELL program information
- Discipline information

The student's records will be kept on file at Riverbend Prep. These records will be subject to the confidentiality rules of the State of Arizona.

Per A.R.S.15-828 Paragraph F. Please send all of the student's records within 10 (10) days from receipt of this form. Under the provisions of section 99.30 of the Family Educational Rights and Privacy Act (FERPA), this document authorizes the release of all school and health records of the student listed below. A.R.S 15-828 Paragraph F states that no school shall withhold records due to financial debts. Federal law 99.31 states that no parent's signature is required for educational records to be sent to another educational agency.

Student Information:

Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth: _____

District/State of Previous School: _____

Name of Previous School: _____

School Phone Number: _____ Last Grade Attended: _____

Guardian Signature: _____

Date _____

Guardian Name (print)