

REQUEST FOR STUDENT RECORDS/TRANSCRIPTS

To: _____
School Name-Last School Attended

Street Address

Phone Number

City, State, Zip

Fax Number

Student's Full Name: _____

Date of Birth: _____

Grade at Last School: _____

The above student has enrolled at Severna Park Middle School. Please send a complete transcript of grades, test data, psychological evaluations and discipline records to enable us to best meet the academic and emotional needs of the student. You can fax records to us at 410-431-5376 or mail to:

**SEVERNA PARK MIDDLE SCHOOL
ATTN: COUNSELING DEPARTMENT
450 JUMPERS HOLE ROAD
SEVERNA PARK, MD 21146**

The State of Maryland mandates that each student have on file an immunization record and physical. Please include these health records. Thank you for your prompt attention to this matter.

I grant permission for the release of all school records concerning my student to be forwarded to the requesting school.

Parent/Guardian Signature

Date

**If no signature of parent/guardian is provided, please refer to Federal Law Educational & Privacy Rights 20USCS 1232g.4A-6; which documents that all records related to a student's education are to be released to the receiving LEA without parental/guardianship consent.*