



Request For Student Records

Date: _____

Student Name Birthdate Grade

Student Name Birthdate Grade

Student Name Birthdate Grade

The above named student(s) has/have enrolled in Green Valley School.

Please forward the following:

- _____ Academic Records
- _____ Immunization Records
- _____ Personal Health Records
- _____ NORA, MDE, IEP, and Psychological
- _____ Other

Green Valley School
389 Pembroke Street
Pembroke, NH 03275
Phone (603)485-8550 Fax (603)485-5055

I give my permission for the educational records of the above names student(s) to be released, upon request, from:

School District _____

School _____

School Address _____

Phone _____ Fax _____

Signature of GVS Representative

Signature of Parent/Guardian

Date

Parental permission is no longer required when records are requested by authorized school personnel (Family Education Rights and privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673.)