Student Records

(Request for Student Education Records)

Authorized Agent/Organization

Berean Academy
1169 N. Colombo Avenue
Sierra Vista, AZ 85635
Phone: (520)-459-4113 Fax: (520)-459-4121
bereanschs.education

Student Name:_____Birth Date:_____

Parent/Guardian Name:_____

Home Address:_____

Previous School:_____

Dates Attended:_____

School Address:_____

School Number/Fax:_____

Consent to release of records listed above to the party named above. I am aware of my rights to review the records and receive a copy at my expense, if I so request.

_____

(Signature of Parent/Legal Guardian) Date

_____

Contact Phone Number

( ) 1st Request ( ) 2nd Request ( ) 3rd Request

***************FOR OFFICE USE ONLY***************

Please send the following records:

_____Official Transcript (mail)

_____Unofficial Transcript (fax)

_____ Immunization Records

_____ Attendance Information

_____Withdrawal Slip

_____ Grades

_____ IEP/504 Information

_____Discipline Records

_____Birth Certificate

_____ State Test Scores

_____Other

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