

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

TO: Registrar, Special Education and/or ELL Records Clerk
FAX:
FROM: Blueprint Academy Records
FAX: 602-943-9700
RE: Student Records Request

Student's Name: (Please Print)

Birthdate:

Grade:

Last School Attended: (City and State)

I hereby authorize that the following information below be furnished to Blueprint Academy.

Parent/Guardian or Student (18 yrs) Signature:

In accordance with state law to better provide educational services to this student, Blueprint Academy requests the following records including grades and health records, as well as psychological, social, educational or developmental information.

- Official Transcript, Withdrawal Form, Test Scores (AIMS, Terra Nova, District Benchmarks, Other/Miscellaneous), ELL (ESL) Records including testing results from the most recent assessments, All Special Education Records (MET, Psychological evaluation, IEP, Vision testing results, Hearing testing results), 504 Plan Records

PLEASE NOTE: DO NOT SEND CUMULATIVE FOLDERS

Blueprint Academy Contact Person:

Send ALL records to: Blueprint Academy, 5651 W Talavi Boulevard, Suite 170, Glendale, Arizona 85306-1893, 800.426.4952 | www.BlueprintEducation.org | 602.943.9700 fax