

***MOUNTAIN CITY ELEMENTARY SCHOOL***

**301 Donnelly Street**

**Mountain City, TN 37683**

**Phone # 423-727-2621 Fax# 423-727-2631**



**Records Request and Release**

School Name (Last Attended): \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone#: \_\_\_\_\_ School Fax#: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Student Current Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

I request and authorize the above school to forward copies of all permanent school records including but not limited to transcripts, iep records, test scores, attendance, and health records.

I understand that this request form represents my notice that these records are being transmitted and that I may obtain a copy of these records if I desire and may have the opportunity to challenge the contents of these records.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_