



REQUEST FOR STUDENT RECORDS

Student (full legal) _____ Enrollment Date _____ Birth Date _____

Requested School _____ Fax _____

The student above has enrolled at our school. Please provide all student education records to include any of the documents indicated below.

Current Report Cards/Withdrawal Grades
Immunizations/Health Records
Standardized Test Data
IEP/504 Plans (If Applicable)
Behavior Intervention Plan (If Applicable)

Transcript
Attendance Records
Disciplinary Records
SOL Test Scores
School Profile

Other _____

If Exceptional Education, please provide the most recent reports below:

Eligibility Minutes
Educational Report
Functional Behavior Assessment (If Applicable)

Psychological Report
Sociocultural Report
Other relevant special education eligibility evaluations

Please fax or mail to the address below:

School:
Address:

Phone:
Email :

Fax:

Attention: Counselor Registrar Other _____

Code of Virginia § 22.1-289

(B) Whenever a pupil transfers from one school division to another, the scholastic record or a copy of the scholastic record shall be transferred to the school division to which the pupil transfers upon request from such school division. **Permission of the parent, guardian, or other person having control or charge of the student shall not be required for transfer of such scholastic record to another school or school division within or outside the Commonwealth.**

FOR PRIVATE SCHOOLS AND OUT-OF-STATE INSTITUTIONS ONLY (requiring parental consent)

The signature below grants permission for release of student transcript and other records noted above to Henrico County Public Schools.

Signature of Parent/Guardian _____ Date _____