

Family Number:

Student Records Request

(AS 14.30.710 – Required Records Upon Transfer. An elementary or secondary school or a school district in this state requested to forward a copy of a transferring child’s record to another school shall comply with the request within 10 days after receiving the request unless the record has been flagged under AS 14.30.700.)

Name of Student

State ID #

Date of Birth

Grade

_____ Last School Attended	
_____ Address	
_____ Phone Number	_____ Fax

Please forward any and all:

Forwarding Address:

- complete transcript
- health/medical records
- discipline records
- test records
- withdrawal grades

**Raven Correspondence School
4762 Old Airport Way
Fairbanks, AK 99709-4456
Phone Number: 907-374-9401
FAX Number: 907-374-9440
1-888-94RAVEN**

We agree to observe appropriate confidentiality on all material.

Under Public Law 93-380, amended in Section 99.32, PL 93-568, no parent signature is required for educational records sent to another educational agency. May 1980

Parent Signature

Date

Mailing Address

Signature of School Official

Date

Parents, please fill out one form per student enrolled.

Rev 03/07