# **Request for Student Records-(sample)**

**To Whom It May Concern:** Please mail a signed official transcript, test scores (including SOL scores), and health records on this student to the address listed at the bottom of the page within five business days *\*Code of Virginia* § *22 .1-289 E*. stipulates that the school division superintendent (or designee) shall transfer the scholastic records of such pupil to the local jail within five business days of such request.

:

**Name:**

**Date of Birth:**

**Student ID Number:**

**Grade:**

**Special Education:**

**Disability:**

If the student was receiving special education services, please release the following additional information:

* Psychiatric Evaluation
* Psychological Evaluation
* Educational Assessment
* Sociological Evaluation
* Medical Examination
* Date of last eligibility and summary of meeting
* Latest IEP

Any additional information that might aid our professional staff in assisting this student to adjust to his/her new environment will be most helpful.

**School information sent by:**

**Name:**

**Phone:**

**Fax:**

**Please send to: Fax** (Your fax number) or

**Mail** (Your mailing address)