



715 Riverwood Drive
Pembroke, NH 03275
(603) 225-2715

REQUEST FOR RECORDS

As the legal parent or guardian of _____, I hereby authorize the release of **all education** school records for the purpose of enrollment in Strong Foundations Charter School.

Records to be sent to: Strong Foundations Charter School
715 Riverwood Drive
Pembroke, NH 03275

Attn.: Beth McClure

Type of Information to Be Released:

Records including, but not limited to:

- **Discipline Records**
- **Academic Files**
- **Report cards**
- **Progress notes**
- **Medical record**
 - **Special Education Records if applicable**
 - **I.E.P.**
 - **Psychological Reports**
 - **Psycho-educational testing-Speech & lang. eval. – Occupational therapy Evals., academic testing**
 - **Psychosocial Evals.**

Records requested from: _____
School Name/Address

Phone: _____

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Request sent: _____ **Fax** _____ **Mail** _____

2nd Request: _____ **Fax** _____ **Mail** _____

3rd Request: _____ **Fax** _____ **Mail** _____