



Bellows Free Academy
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 St. Albans, VT 05478-2297
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(802) 527-6571 Guidance
 (802) 527-6570
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 khirss@fcsuvt.org

REQUEST FOR STUDENT RECORDS

Requested by: _____ Title: _____

Date _____

___ The following student is considering registering at our school. (Please fax preliminary records)

___ The following student will be registering at our school on _____. (Please fax circled records & mail permanent file)

Student Name

Date of Birth

Grade

Previous school _____

Previous school address _____

Previous school phone _____ Previous school fax _____

Records should include:

___ **Current grades**

___ **Transcript**

___ **Test scores**

___ **Discipline record**

___ **Special Educational records (if applicable)**

___ **Health record**

___ **Guardianship/Custodial records**

___ **Vermont State Student ID #**

Additional comments or information needed:

Send Date _____ Via _____ Student ID # _____

Enrollment Appt Date/Time _____ with _____

When the student is actually registered, this document will be faxed back to the previous school with the official enrollment date for the student. ↓

ENROLLMENT DATE _____

___ **All records have been received.**

___ **Please send all permanent records at this time.**

Signature

Parent/Guardian signature _____ Date _____

According to the Final Regulation-Family Educational Rights and Privacy Act (Buckley Amendment), date June 17, 1976, *it is no longer necessary to obtain written consent to release records between schools.* It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without written consent for such release.