

# STUDENT RECORDS REQUEST

The undersigned hereby authorizes release of all official school records, **including any special education materials, disciplinary actions, attendance, academic reports, health records**, and any other materials relating to the educational experience of the child(ren) listed below, who are transferring to this educational institution.

---

Name of previous school or agency

---

Street address

---

Phone #

Fax #

Email

---

Full legal name of student

Date of Birth

Grade

The above student has enrolled in our school. Please send us the following information.

- Transcript
- Attendance
- Health records
- Withdrawal grades and credit earned – Please include percentages
- Semester or quarter grades completed – Please include percentages
- Test scores
- Current IEP, special testing, and discipline records

---

Signature of Parent

---

Relationship to Student(s)

Date of request \_\_\_\_\_

---

Email, mail, or fax records to:

**Center Place Restoration School**  
**819 West Waldo Avenue**  
**Independence, Missouri 64050**  
**Phone 816.252.1715 Fax 816.252.2900**  
**Email: [office@cprseagles.com](mailto:office@cprseagles.com)**