

**PLYMOUTH COMMUNITY SCHOOL CORPORATION  
PLYMOUTH, INDIANA**

**REQUEST FOR STUDENT RECORDS**

Date: \_\_\_\_\_

To:

To Whom It May Concern:

Under the Family Rights and Privacy Act (Buckely Amendment), it is no longer necessary to obtain written consent to release records between schools.

School officials, including teachers within the educational institutions and officials of other schools in school systems in which the student may intend to enroll, may receive a student's records without a written consent for such release.

Please forward information on:

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Test Number (STN) \_\_\_\_\_

Please include all academic records, attendance records, discipline records, health records, testing results, psychological tests and results and any other pertinent information.

Thank you very much for your consideration. Please send information to:

or please fax records to: \_\_\_\_\_

I give my consent to release all special education records for the above-named student to Plymouth Community School Corporation. These records should include the most recent psychological assessment and IEP.

\_\_\_\_\_  
Parent / Guardian Signature