

RECORDS REQUEST FORM

Please complete this form allowing Washington Latin Public Charter Schools to request your child's records from his/her most recent school.

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1,	(Last, First Name)	, give my p	permission to

Washington Latin PCS to obtain records for my child, (Last, First Name)

from (school name)_____

located at (address)

You are specifically authorized to release the following:

- Official transcripts/report cards, including grades to date
- Standardized test results and achievement test (i.e. PARCC, PSAT)
- Special Education Information (i.e., IEP)
- Other reports of individual assessments or placements

Parent Signature: ______
Printed name: ______
Date:

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