

RECORDS REQUEST FORM

| your child's records from his/her most recent school. | ablic Charter Schools to request |
|---|---|
| I, (Last, First Name) | , give my permission |
| to Washington Latin PCS to obtain records for my o | |
| from (school name) | • |
| located at (address) | |
| You are specifically authorized to release the follow Official transcripts/report cards, including g Standardized test results and achievement test Special Education Information (i.e., IEP, 504) Other reports of individual assessments or p Learner status, for example) | grades to date st (i.e. PARCC, PSAT, WIDA) 4 plans) |
| Parent Signature: | |
| Printed name: | |
| Date: | |