



Murrieta Valley Unified School District REQUEST FOR SCHOOL RECORDS

Student: _____ Birthdate: _____
Last Name First Name

Address: _____
Number and Street City State Zip Code

Home Phone: _____ Grade: _____

Previous School

From:	To:
_____	_____
School Name	School Name
_____	_____
Number and Street	Number and Street
_____	_____
City State Zip Code	City State Zip Code
Phone # _____ Fax # _____	Phone # _____ Fax # _____

If student attended above school less **than two (2) years**, please include the following:

From:	To:
_____	_____
School Name	School Name
_____	_____
Number and Street	Number and Street
_____	_____
City State Zip Code	City State Zip Code
Phone # _____ Fax # _____	Phone # _____ Fax # _____

I hereby authorize the release of the following records: educational, medical, psychiatric/psychological, audiological.
Please include any and all confidential records.

Parent/Guardian Signature _____ Date: _____

School Name _____ Date: _____

PLEASE MAIL OFFICIAL TRANSCRIPT AND CUM FILE.