



GOOD
FOUNDATIONS
ACADEMY

RELEASE OF STUDENT RECORDS

For Office Use Only

Faxed on: _____

DATE: _____

STUDENT: _____

GRADE: _____ BIRTH DATE: _____ / _____ / _____

LAST SCHOOL ATTENDED: _____

SCHOOL ADDRESS: _____

CITY, STATE, ZIP: _____

SCHOOL PHONE : (_____) _____ SCHOOL FAX : (_____) _____

I HEREBY REQUEST AND AUTHORIZE THE OFFICIAL PERSON OF THE ABOVE NAMED SCHOOL TO SEND A TRANSCRIPT OF ALL ACADEMIC, DISCIPLINE, TEST AND HEALTH RECORDS, INCLUDING SPECIAL EDUCATION DIAGNOSTIC SUMMARY AND IEP, CONCERNING MY STUDENT TO THE GOOD FOUNDATIONS ACADEMY CHARTER SCHOOL LISTED BELOW.

PARENT/GUARDIAN SIGNATURE

GOOD FOUNDATIONS ACADEMY
5101 S. 1050 W.
RIVERDALE, UTAH 84405
385-33-7245 FAX
801-393-2950 PHONE