



**Morristown  
Elementary**  
SCHOOL DISTRICT

[www.morristowneld75.org/](http://www.morristowneld75.org/)  
25950 West Rockaway Drive  
P.O. Box 98  
Morristown, Arizona 85342  
623-546-5100

**REQUEST FOR RECORDS**

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

**Previous School Information:**

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Dear Records Clerk:

Please send all records for the following student, who is enrolling in our school.  
Records can be emailed to [info@morristowneld75.org](mailto:info@morristowneld75.org)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please be sure to include information including:**

- TRANSCRIPTS/REPORT CARDS
- IMMUNIZATION RECORDS/HEALTH RECORDS
- BIRTH CERTIFICATE
- AzMERIT/AIMS SCIENCE RESULTS (STATE ASSESSMENTS)
- **SPECIAL EDUCATION RECORDS**
- **GIFTED/TALENTED RECORDS**
- BIRTH CERTIFICATE
- IMMUNIZATION RECORDS
- AZELLA (IF APPLICABLE)

I (we) do hereby authorize the release of academic, health, and psychological records and any other information relating to this student.

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

\_\_\_\_\_  
Authorized School Official

**OFFICE USE ONLY**

1<sup>ST</sup> REQUEST \_\_\_\_\_

RECEIVED \_\_\_\_\_

2<sup>ND</sup> REQUEST \_\_\_\_\_

COMMENTS \_\_\_\_\_