

Mogollon High School
P.O. Box 279
Heber, Arizona 85928

DATE: _____

TO: _____

REQUEST FOR AND RELEASE OF INFORMATION

STUDENT: _____

BIRTHDATE: _____ GRADE: _____

Please send the following information:

- Transcript
- Arizona SAIS number (If student is from an Arizona school)
- Grade records through withdrawal date
- Last Report Card
- Explanation of your grading system
- Record of Immunizations
- Copy of Birth Certificate
- Standardized test records
- Discipline records
- Special Education Records, including I.E.P.

Mail or fax to: Mogollon High School
Attn: Paula Hunt, Registrar
P.O. Box 279
Heber, AZ 85928
Fax: (928) 535-3933
Phone: (928) 535-4238

PER ARS 15-828 F-G, IF A STUDENT TRANSFERS FROM ONE SCHOOL TO ANOTHER, THE TRANSMISSION OF ANY OF THE STUDENTS RECORDS TO THE RECEIVING SCHOOL WILL OCCUR WITHIN THE TIMEFRAME SPECIFIED AND WILL NOT REQUIRE THE CONSENT OF THE PARENT(S).

REQUESTED : _____ DATE: _____

I acknowledge notification of this transfer of records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a non school third party without my consent.

Signature of student/parent/guardian

Date