



San Manuel Junior/Senior High School



P.O. Box 406
711 McNab Park way
San Manuel, AZ 85631
(520) 385-2336
Fax: (520) 385-3035

SCHOOL RECORDS REQUEST

_____ Date of birth _____
(Student name)

is currently enrolled in the Mammoth – San Manuel Jr./Sr. High School in grade _____.

Please send transcripts of past work, Sais information, School CTDS #, Aims scores, test scores, attendance and withdrawal information, immunizations, copy of birth certificate, discipline records and any other school records pertaining to this student to:

Registrar
San Manuel Jr./Sr. High School
P.O. Box 406
San Manuel, AZ 85631

Psychological reports should be sent to:

School Psychologist
P.O. Box 406
San Manuel, AZ 85631

I hereby grant my permission for all confidential, medical, psychological and academic information including screening for A.R.S. 15-1013 relative to

(Name of student)

to be released to the Mammoth-San Manuel School District and the appropriate school therein.

Parent/Guardian signature

Date