



IRVINE UNIFIED SCHOOL DISTRICT

5050 Barranca Parkway, Irvine, California 92604-4652 • 949/936-5000 • FAX 949/936-5259 • www.iusd.org

Student Name: _____ Birthdate: _____ Grade: _____

Parent Name: _____

I hereby authorize the following agencies (Student's last school of enrollment)

School Name: _____
School Address: _____
City _____ State _____ Zip _____
School Phone #: _____ School Fax #: _____

Please list all other schools previously attended.

School Name: _____ Grade: _____
School Address: _____
City _____ State _____ Zip _____
School Phone #: _____ School Fax #: _____

School Name: _____ Grade: _____
School Address: _____
City _____ State _____ Zip _____
School Phone #: _____ School Fax #: _____

to release all items/records below:

- ✓ Official Transcript
- ✓ Cumulative Records / Withdrawal Grades
- ✓ Discipline and Attendance Records
- ✓ Immunization Records / Health Records / Physical
- ✓ Special Education Files (IEP)
- ✓ Standardized Test Results: including but not limited to CELDT Scores & CST Scores
- ✓ Any additional information/records relative to the above student

I, the undersigned parent, legal guardian or student (if 18 years of age or older), certify I am aware that I have the right to review the above requested records and receive a copy of any material forwarded.

Parent/Guardian Signature Relationship: _____ Date: _____

Please send the above released reports, and a history of suspension and/or expulsions (*California Code 48915.1*) to:

School: _____	PLEASE FAX THE FOLLOWING ITEMS ASAP:
Address: _____	CELDT SCORES IMMUNIZATIONS PHYSICAL
Phone# _____ Fax# _____	PROOF OF WITHDRAWAL PROOF OF CURRENT GRADE
	OTHER: _____

Date requested: 1st _____ 2nd _____ Date Received: _____

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IUSD . . . providing the highest quality educational experience we can envision.