



## STUDENT RECORDS RELEASE AUTHORIZATION FORM

**Attn: Parent/Guardian**

Please complete, sign, and return this form to the Journey K8 Registrar. This will allow Journey K8 to request a copy of your child's records as part of the application process.

Student's First and Last Name:

Student's Date of Birth:

Current School Name and District Name:

School Phone:

School Fax:

**If** at Current School for less than 1 year

Previous School Name and District Name:

School Phone:

School Fax:

I authorize copies of my child's records be sent to Journey K8 in Academy District 20.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

**Attn: School Records Office**

The above-named child has **applied** to Journey K8. Please email or fax copies of student records listed below.

- Report Cards/Transcripts
- Behavior/Disciplinary Record
- Attendance Record
- Student Plans (504, ALP, ELL, Health Care, IEP, Rtl, READ, TAG/GT)