

**Request for Release of Student Records**  
**Mexicayotl Academy**  
**2059 N. Grand Ave.**  
**Nogales, Arizona**  
**Phone: 520-287-6790 Fax: 520-287-0037**

Please forward the records of \_\_\_\_\_  
(Student Name)

Date of Birth: \_\_\_\_\_ Who enrolled in grade: \_\_\_\_\_

at Mexicayotl Academy on: \_\_\_\_\_

The parent/guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. ***If this student is a special education student, please forward such records as well.***

Please send the following information:

- Birth Certificate
- Official Withdrawal Form and Withdrawal Grades
- Attendance Records
- Immunization/Health Records
- Special Education Records (including IEP's Psychological Reports, etc.)
- AIMS Student Report Information/Standardized Test Data
- Test Scores (AZELLA)
- Probation Officer/Case Worker Incident Reports
- Explanation of Grading and Credit System. *(Please indicate symbols or letters designating accelerated classes.)*
- Hearing and Vision Screening Results
- Other \_\_\_\_\_

***Please complete the information below:***

Name and address of last school attended:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
School Telephone Number School Fax Number

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

1<sup>st</sup> Request: \_\_\_\_\_ 2<sup>nd</sup> Request: \_\_\_\_\_ 3<sup>rd</sup> Request: \_\_\_\_\_

***State Law 15-828, Paragraph F, states that NO SCHOOLS SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS. New Federal Law 99.31 – No parent or signature required for educational records to be sent to another educational agency.***