

# AUTHORIZATION TO RELEASE SCHOOL RECORDS

## *Springside Elementary*

694 S. Highpoint Dr  
Saratoga Springs, UT 84045



Temporary office:  
River Rock Elementary 520 N 1700 W Lehi, UT 84043  
Phone: 801-610-8731 Fax: 801-768-7060

**Name of Last School:** \_\_\_\_\_

**City and State:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Please send all school records including CUM folder with birth certificate, and immunization records, special education (IEP), and any other records regarding the child/children listed below. Thank you.

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

***To expedite enrollment, please fax the following to us as soon as possible:***

*Birth Certificate: \_\_\_ Immunization Record: \_\_\_*

*Legal Documents: \_\_\_ Withdrawal Form \_\_\_*

As parent or guardian of the above named student(s), I do hereby authorize the above named school to release cumulative files with all records and test results.

\_\_\_\_\_  
School Official or Parent/Guardian Signature

\_\_\_\_\_  
Date