

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

PARENTAL CONSENT TO RELEASE STUDENT RECORDS

TO: _____

DATE: _____

PHONE: _____

FAX: _____

I hereby give my consent to have all records for:

Student's Name: _____ Grade _____

Date of Birth _____

Forwarded to: PACIFIC GROVE MIDDLE SCHOOL
835 Forest Avenue
Pacific Grove, CA 93950
831) 646-6568 Fax ~ 831) 646-6652

where my child is currently enrolled. Please include the following items:

1. Copies of all report cards ~ grade 6 – 8 (as it applies)
2. Scholastic/Pupil Progress Data
3. Most current Standardized test score to include GATE (as it applies)
4. Attendance Data
5. Health Data
6. Resource Information/Current IEP (if applicable)

I understand that I have the right to receive a copy of the records, if desired and have the right to challenge the content of such records.

Thank you for your prompt attention to this matter.

Parent/Guardian signature

Printed name of Parent/Guardian

Robin Cochran, Registrar
Pacific Grove Middle School