Student Record Transmittal Request/Release

Print Form



Office of Teaching and Learning Mat-Su Borough School District 501 N. Gulkana Palmer, AK 99645

Special Instructions: Complete and submit this form to the appropriate school/department to receive student records. Under Public Law 93-380, amended in section 99.32, PL 93-568, no parent/guardian signature is required for educational records sent to another educational agency

Student Full Name			Student ID# DOB
Other Name(s) Used			
School Last Attended			Grade Withdrawal Date
School City, State			
			Position / Title
School Official Signature Date			
Cumulative Student Records:			Special Education Records:
Please send to:			Please fax to (907) 761-4078
School			Student Support Services
Address			Mat-Su Borough School District 501 N. Gulkana
			Palmer, AK 99645
Phone			Phone (907) 746-9221
Fax			Fax (907) 761-4078
Email			Email
Records Requested:			Records Requested:
Birth Certificate			Consent for Initial Placement
Basic State Mandated Cumulative Record			Individualized Education Plan (IEP)
Health / Immunization Records			Testing, Evaluation, & Assessment Data
Grades / Credits			Psychological Records & Assessment Data
Attendance Records			Behavior Intervention Plan
All Testing Results			Child Outcome Summary Entry / Exit
ELL Records			Medical Records
Legal Documents			☐ 504 Plan(s)
□ All of the Above			All of the Above

I understand that the student and/or I may, upon written request, receive from the school district a copy of the released records, at my expense. I understand that I have the right to interpretation of records by competent school personnel and that I may review and challenge the contents of such released records.