



Ava High School / Grades 9 - 12

REQUEST FOR RELEASE OF STUDENT SCHOOL TRANSCRIPT RECORDS

The student(s) listed below have enrolled in our school district.

Student Name: _____ Date of Birth: _____ Grade: _____

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Previous School Information

School Name: _____ Phone #: _____

Address: _____

Website: _____ **Public or Private** **Seated or Virtual**

Did your student attend Homeschool? YES or NO

Was your student enrolled in an accredited homeschool program? YES or NO

Release Consent:

I give Ava R-1 School District consent to obtain my student's previous records as listed below.

(Parent/Guardian Signature)

Date

Federal Law 99.31 - No parent signature required for educational records sent to another educational agency.

Office Use Below:

Please forward RECORDS to the FOLLOWING ADDRESS:

- _____ Birth Certificate & Social Security # (if available)
- _____ Cumulative Permanent School Records
- _____ Withdrawal Grades
- _____ Discipline Records / Is the student presently suspended or expelled? YES or NO
- _____ Attendance Records
- _____ Legal Documents pertaining to guardianship and/or parental rights
- _____ Testing Information that will help place the student
Examples: State Testing Scores (EOC, etc.), ACT Score, ASVAB Scores,
CPR Certification, Civics Test, US and/or State Constitution Test
- _____ Active IEP & Evaluation Reports

<p>Attn: Hope Stafford, Registrar Ava High School PO Box 338 Ava, MO 65608 Phone: (417)683-5747 Email: hstafford@avabears.net</p>

SPECIAL EDUCATION RECORDS should be sent **SEPARATELY to:
Ava Schools Spec Ed Office / Attn: Melissa Dalton / Phone (417) 683-3809