



AVA R-1 SCHOOL DISTRICT / AVA, MO 65608



Ava Middle School - Grades 5-8

**REQUEST FOR RELEASE OF STUDENT SCHOOL TRANSCRIPT RECORDS**

NAME OF LAST SCHOOL ATTENDED: \_\_\_\_\_

LAST SCHOOL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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\_\_\_\_\_  
**(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:**

**Attn: Registrar, Nikki Honeycutt**

**Ava Middle School**

**PO Box 338 Ava, MO 65608**

**Phone: (417)683-3835**

**Fax: (417) 683-9101**

**Email: [nhoneycutt@avabears.net](mailto:nhoneycutt@avabears.net)**

\_\_\_\_\_**FAX - Immunization and Health Records**

\_\_\_\_\_**Birth Certificate**

\_\_\_\_\_**Cumulative Permanent School Records**

\_\_\_\_\_**Withdrawal Grades**

\_\_\_\_\_**Discipline Records / Is the student presently suspended or expelled? YES or NO**

\_\_\_\_\_**Attendance Records**

\_\_\_\_\_**School Meal Services Received Verification**

\_\_\_\_\_**Legan Documents pertaining to guardianship and/or parental rights**

\_\_\_\_\_**Testing Information that will help place the student**

\_\_\_\_\_**\*Active IEP & Evaluation Reports\***

**SPECIAL EDUCATION RECORDS should be sent SEPARATELY TO:**

**Ava Schools Spec Ed Office / Attn: Melissa Dalton**

**Phone (417) 683-3809 / Fax (417) 683-4227**